No. 2
9-4-41
-17-39
X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3230

Registration District No. 297 — Primary Registration District No. 3057 — Registrar's No. 3

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED: 89 / 1

(a) State Missouri (b) County Ray
(c) City or town Richmond
(If outside city or town limits, write "RURAL")
(d) Street No. 411 South Wellington St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Josephine Garrett

3. (b) If veteran, name war no

3. (c) Social Security No no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Albert Garrett

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Feb. (Month) 18. (Day) 1869 (Year)

8. AGE: Years 73 | Months 11 | Days 00 | If less than one day ..... hr. ..... min.

9. Birthplace Sweetsprings (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Wife

11. Industry or business .....

MOTHER
12. Name Milton Stantdon
13. Birthplace Unknown (City, town, or county) Georgia / (State or foreign country)

FATHER
14. Maiden name Anna Heavilin
15. Birthplace Sweet Springs (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant C.O.Garrett
(b) Address Richmond Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 22. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.

18. (a) Signature of funeral director .....
(b) Address Richmond Mo.

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

1280

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18 year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1-18-43, 19..., to 1-18-43, 19...; that I last saw her alive on 1-18-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 hr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....
While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature Geo. J. Coop (M. D. or ~~XXXX~~)
Address Richmond, Mo. Date signed 1-21-43

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 1-13-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed E. Thurman

Licensed Embalmer No. 2073

P. O. Address Richmond Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32930

Registration District No. 297 — Primary Registration District No. 3007 — Registrar's No. 3

1. PLACE OF DEATH
(a) County Ray — Richmond
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Garrett
3. (b) If veteran name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 28 (Day) 1870 (Year)

8. AGE: Years 73 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) Jan 22 43 (Date received local registrar) (b) Mrs Chas W Sheppard (Registrar's signature)

MEDICAL CERTIFICATION

SUPPLEMENTARY

20. DATE OF DEATH: Month Jan Day
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury

23. Signature (M. D. or other)
Address Date signed