

S. No. 2
M-542
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6953
State File No.

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Rural
(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 33 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME RICHARD J GARRETT
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife Allie Garvin
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April 24 1864 (Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 20 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Harry Garrett

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name Ann Hill

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Allie Garrett
(b) Address Reynolds, Mo

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof 2-14-45 (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs

18. (a) Signature of funeral director J. E. Broadhurst
(b) Address Reynolds, Mo

19. (a) Feb 14 1945 (Date received local registrar)
(b) Mrs. Chas. W. Shiffard (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1945 hour Five minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 1 1945 to Feb 13 1945 that I last saw him alive on Feb 10 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Subacute Pneumonia

Due to: Semiatherosclerosis Chronic Myocarditis

Due to:

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: A2

Of autopsy: None

Duration

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?

(Specify type of place) While at work? Means of injury

23. Signature: Charles E. Buehler (M.D.)
Address: Janssen Date signed: Feb 13, 1945

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3/3/75

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J E Broadhurst

Licensed Embalmer No. 2171

P. O. Address Rayville, Mo

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

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