

FILED DEC 4 1947

State File No. _____

Registration District No. 297

Primary Registration District No. 3057

Registrar's No. 109

1. PLACE OF DEATH:

(a) County Ray
(b) City or town Richmond Mo.
(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)

2. USUAL RESIDENCE OF DECEASED:

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1947 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15 1885
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis
Due to _____
Due to _____

8. AGE: Years 62 Months 6 Days 9 If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Garrett

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

14. Maiden name Martha Sterns

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

16. (a) Informant William Garrett

(b) Address Richmond Mo.

17. (a) Burial (b) Date thereof 11-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or removal Sunny Slope Cemetery

18. (a) Signature of funeral director Thomas J. Carter

(b) Address Richmond Mo.
19. Nov 28 1947 (b) Hubert Jackson
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence Nov. 24th 1947
(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? yes (Specify type of place) (c) Means of injury _____
23. Signature W. Bader, coroner
Address Richmond Mo. Date signed 11-26-47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 12-3-47

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 James G. Moler
Licensed Embalmer No. 3296
P. O. Address Excelsior Spg 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.