

REC'D JAN 25 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

43713

Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 1149
 (b) Township Juniata Primary Registration District No. 5048 Registered No. 11
 (c) City Juniata (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Estella Williams Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 2 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) time of death 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Valley Center (STATE OR COUNTRY) Kansas

FATHER 13. NAME Samuel Garner

14. BIRTHPLACE (CITY OR TOWN) no. 12 9 (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Cora Brown

16. BIRTHPLACE (CITY OR TOWN) Penn. (STATE OR COUNTRY) _____

17. INFORMANT Earl Garner (ADDRESS) Deerfield Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE 12-27 DATE Dec 1937

19. FUNERAL DIRECTOR (NAME) Carriger, Williams (ADDRESS) Deerfield Ark

20. FILED 1-2 1938 Lee O. Cornell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Dec 25, 1937. Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

Car accident died on way to Hospital Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) W. H. Hoston, M. D.

(Address) Juniata, Mo

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,

O. E. McKinney

....., or by

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

Signed.....

O. E. McKinney

Licensed Embalmer No. *3201*

P. O. Address *Bozeman Ark*

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

If this body is not embalmed, above space should be left blank.

STATE OF ARKANSAS
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43713
Do not use this space.

1. PLACE OF DEATH

(a) County Mc Donald Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Paul G. Garner St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 25 - 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 2 11

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Car accident Date of onset
Death on way to Hosp.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Off a high bank
crashed with a tree

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

210 yrs

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.....

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify W. H. Haston M. D.
(Signed) Pineville Mo
(Address)

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
FURNISHING INFORMATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. PHYSICIANS SIGNING STATE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

SUPPLEMENTARY

