

DEC'D FEB 25 1939

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

Waller

3459

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township 1 Primary Registration District No. 3032 Registered No. 11
(c) City Sedalia (d) Street No. 818 East 9th. 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

616 Jacob Benjamin Garber
(a) Residence, No. 818 East 9th. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 12, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
82 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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

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

FATHER 13. NAME Samuel Garber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Penn.

MOTHER 15. MAIDEN NAME Unkown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs. Clara Garber Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knobnoster, Mo. DATE Jan. 12, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED 1-11-39 Miss Henry Sneed Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6, 1939, to Jan. 10, 1939. I last saw him alive on Jan. 7, 1939. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

Paraplegia ✓

Date of onset
1937

Other contributory causes of importance:

Arterio Sclerosis

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? no
If so, specify A. J. Waller, M. D.
(Signed) Sedalia Mo

(Address) 701

828

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4/8/39

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,

L. E. Pauldin

or by

Registered Apprentice No., working under my personal supervision.

Signed *L. E. Pauldin*

Licensed Embalmer No. *3867*

P. O. Address

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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3-459
Do not use this space.

1. PLACE OF DEATH
 (a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 3032
 (c) City Sedalia (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 Jacob Benjamin Garber
 (a) Residence No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 2 28

7. AGE

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

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

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

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

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1959

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

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

paralytic probably by spinal origin.
 Date of onset 1937
 Other contributory causes of importance: arterio sclerosis

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) A. L. Walter, M. D.
 (Address) Sedalia Mo.

Local Registrar.

SUPPLEMENTARY

REVENUE WORK

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

