

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

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

17982
 Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County Benton Registration District No. 64
 (b) Township Gristoe Primary Registration District No. 6700 Registered No. 5
 (c) City..... (d) Street No.....
 (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

Archibald Garner
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1939, to Mar 28, 1939
 I last saw h. un alive on Mar 27, 1939 Death is said to have occurred on the date stated above, at 7:15A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 8 13

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

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

Pneumonia
hypostatic Date of onset 3/26/39
 Other contributory causes of importance: Auto intropoction ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Gap Mo

FATHER 13. NAME James Garner

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

MOTHER 15. MAIDEN NAME Butler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Gap Mo

17. INFORMANT (ADDRESS) Daniel Datson Butler, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw Cem. DATE March 29, 1939

19. FUNERAL DIRECTOR (ADDRESS) P. M. White, Warsaw, Mo.

20. FILED 19..... Local Registrar.

Name of operation Clinical Date of.....
 What test confirmed diagnosis..... Was there an autopsy? No

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) James Logan, M. D.
 (Address) Warsaw, Mo.

69
AUG 4 1939

RECEIVED
District Registrar Office No.
District File Number 7-37-82
Date Filed 6-2-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: _____

Licensed Embalmer No. _____

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

17982
Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 64
(b) Township Friar Primary Registration District No. 5700 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 Archibald Garner

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Devonia Della Garner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1898
7. AGE YEARS 43 MONTHS 8 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Pleasant Gap Mo

13. NAME James Garner

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

15. MAIDEN NAME Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Gap Mo

17. INFORMANT (ADDRESS) Daniel Tolson
Bethel Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw Cem DATE Apr 29 1939

19. FUNERAL DIRECTOR (ADDRESS) T. M. White
Warsaw Mo

20. FILED May 4 1939 M. C. Watson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 24 1939 to Mar 28 1939

I last saw him alive on 3-27 1939. Death is said to have occurred on the date stated above, at 7:00 A.M.

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

Prostration
Psychotic
Other contributory causes of importance: Auto Intoxication

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 James S. Logan M. D.
(Signed) _____
(Address) Warsaw Mo

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

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

ALL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

17982 Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 64 (b) Township Justice Primary Registration District No. 5700 (c) City (d) Street No. (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 Archibald Garner

(a) Residence, No. (Usual place of abode, if no street address, write county or city) 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)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 8 13

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)

13. NAME

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

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

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-1939

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

I last saw h. alive on 19, 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:

Pneumonia (Hypostatic)

Date of onset

3/26/39

Other contributory causes of importance:

Auto Intoxication Prolonged alcoholism

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) James S. Logan, M. D.

(Address) Wersaw

SUPPLEMENTARY