

JUL 18 1939

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

22891
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 65-1
(b) Township Wells Pranks Primary Registration District No. 5-862
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME M. G. GARDEN
(a) Residence, No. (This is the only name) St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	7	5	

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) Kennelb Ridge
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Merwin Garden
14. BIRTHPLACE (CITY OR TOWN) Ladwell County
(STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Erine Birch
16. BIRTHPLACE (CITY OR TOWN) Deer County
(STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Merwin Garden
Kennelb Ridge, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Needmore, Mo DATE 6/24, 1939

19. FUNERAL DIRECTOR (NAME) La Forge, Wadell
(ADDRESS) Caruthersville, Mo.

20. FILED June 30, 1939 Ada Martin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 12,007

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, that I attended deceased from June 20, 1939, to June 23, 1939
I last saw him alive on June 23, 1939 Death is said to have occurred on the date stated above, at 17:00 pm
The principal cause of death and related causes of importance were as follows:
Calitis
Date of onset June 20, 1939

Other contributory causes of importance: Dehydration

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) [Signature] M. D.
Caruthersville, Mo.
500 (Address)

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 3,

District File Number 739-405

Date Filed 7/8/89

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.....

Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.