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

REC'D OCT 12 1939

33026
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe 2 Registration District No. 581
(b) Township 1 Primary Registration District No. 4343 Registered No. 27
(c) or City Monroe City (d) Street No. 219-2nd 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 656 Miss Mary Emma Garner.
(a) Residence, No. 219-2nd 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: Female
4. COLOR OR RACE: White
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) Jany 24 1868.
7. AGE: YEARS 71 MONTHS 8 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Palmyra Missouri 0

FATHER
13. NAME Wm T. Garner. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Missouri 1

MOTHER
15. MAIDEN NAME Robina H. Taylor.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland.

17. INFORMANT (ADDRESS) W. G. Eales 5024 Mardel — St. Louis Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE St Judes Cemetary Monroe City Mo DATE Sept. 29th 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son. Monroe City Mo
20. FILED Sept. 28 1939 W D Pipkin 513 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27th 1939
22. I HEREBY CERTIFY that I attended deceased from Sept 22 1939, to Sept 27 1939
I last saw her alive on Sept 27 1939 Death is said to have occurred on the date stated above, at 12 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	[illegible]
93C	
Other contributory causes of importance: Arterio-Sclerosis	M29

Name of operation No Date of
What test confirmed diagnosis? Physical Findings 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) John H Gibbs, M. D.
(Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, 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.

50M-9-19-38 I X16605

RECEIVED
District Health Officer No. 10
District File Number 10-39-1726
Date Filed OCT 5 1939

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 Leslie L. Nelson

Licensed Embalmer No. 3017

P. O. Address Monroe City 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, above space should be left blank.