

U. S. No. 2
1-11-10-39
5-17-39
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21681
3

State File No. _____
Registrar's No. 72

JUL 15 1940
Registration District No. 295

Primary Registration District No. 4179

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Sullivan
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Franklin
(c) City or town Sullivan,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Elizabeth Garner, 656
3. (b) If veteran, name war _____
8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 14th.
year 1940 hour 5 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George E. Garner
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August, 7th, 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5/18, 1940 to 6-14, 1940
that I last saw her alive on 6-10-40, 19____
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 10 7 _____ hr. _____ min.

Immediate cause of death: Coronary thrombosis

9. Birthplace _____ Mo. 0
(City, town, or county) (State or foreign country)

Due to Hy pertension _____
Due to _____ a _____

10. Usual occupation House Wife at Home, 0
11. Industry or business _____ 0

Other conditions (include pregnancy within 3 months of death) 94 lb

12. Name John F. Bacon, 0
13. Birthplace _____ Mo. _____
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy None

14. Maiden name Nancy Martin, _____
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

16. (a) Informant Geo. Garner, _____
(b) Address Sullivan, Mo.

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

17. (a) Burial, _____ (b) Date thereof June, 16, 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bourbon, Mo.

While at work? _____ (Specify type of place)
(a) Cause of injury _____
23. Signature Ch. Tractor (M. D. or other) _____
Address Sullivan Mo Date signed 7/14/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

660

MOTHER FATHER

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

J. B. Williams

Licensed Embalmer No. 427

P. O. Address Sullivan, 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.