S. No. 2
-11-10-39
5-17-39
I X21492

8

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23049

Registration District No. 878 Primary Registration District No. 6166 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Vernon

(b) ~~City or town~~ (Rural) Dover Tw 2
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Dover Township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 55 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Dover Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William I Garrett 630

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Garrett

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June (Month) 9 (Day) 1880 (Year)

8. AGE: Years 59 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Joseph C. Garrett
13. Birthplace Unknown (City, town, or county) Va. (State or foreign country)

MOTHER
14. Maiden name Martha Epperson
15. Birthplace Unknown (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs. Bertha Garrett
(b) Address Milo, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Olive Branch Cemetery 792

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo

19. (a) May-15-1940 (Date received local registrar) (b) Carroll T. Beeny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12, year 1940 hour 9:00 minute A M.

21. I hereby certify that I attended the deceased from Did not attend, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemmorage Sudden

Due to

Due to 8 2 W

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. L. Reichle (M. D. or other) 1
Address Milo Mo. Date signed 5-14-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 2-40-984
Date Filed 7-9-40

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~~ Persona

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo.

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

If this body is not embalmed, above space should be left blank.