

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 548

Primary Registration District No. 5740

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Palmyra Mo R.F.D. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 8 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Louisa Euphemia Garrig

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (d) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Theoradora 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. Sep. 16th 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 IO hr. min.

9. Birthplace Gotenborg Sweden
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Eliza Holt

13. Birthplace Sweden
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Dk
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Olson

(b) Address Monroe City, R.F.D. #

17. (a) Burial (b) Date thereof 9/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Judes

18. (a) Signature of funeral director WILSON & SON

(b) Address Monroe City, Mo. 64501

19. (a) Sep. 28-1940 (b) Vertunde Lee
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL")
(d) Street No. Palmyra Mo R.F.D. 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 72 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1940 hour II minute 55 A.M.

21. I hereby certify that I attended the deceased from Sept 1-40
to Sept 26, 1940
that I last saw him alive on Sept 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration Sept 1-40

Due to Hypertension 40%

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature W. B. Horton (M. D. or other) _____
Address Monroe City, Mo Date signed 9/27/40

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

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, on _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Lester L. Wilson

Licensed Embalmer No. 3014

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.