

Registration District No. 7 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
Primary Registration District No. 3038 Registrar's No. 149

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Fitzsimons
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 43 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline
(c) City or town Slater
(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 Harvey William Garrett
3. (b) If veteran, name war _____ 3. (c) Social Security No. 709-12-1287

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 25 day Sept
year 1940 hour 8 minute 1204 M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena Schlemm 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased November 24-1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept. 20, 1940 to Sept. 25, 1940
that I last saw him alive on Sept 25, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 43 Months 10 Days 1 If less than one day hr. _____ min. _____
9. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

Immediate cause of death Acute Nephritis Duration 1 wk.
Due to Localized Peritonitis 6 days
Acute Appendicitis - Ruptured 6 days
Due to Acute Appendicitis 1 wk!
Other conditions _____ (Include pregnancy within 3 months of death)
PHYSICIAN _____

10. Usual occupation laborer
11. Industry or business St. Louis
12. Name Louis Garrett
13. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Lena
15. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

Major findings: Ruptured Appendix with localized peritonitis
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs H.W. Garrett
(b) Address Slater Mo
17. (a) Burial (b) Date thereof 9-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cemetery
18. (a) Signature of funeral director W. J. Sells
(b) Address Slater Mo
19. (a) 9-26-40 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

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? 712 (Specify type of place)
(e) Manner of Injury _____
23. Signature O. A. M. Surney (M. D. or other) _____
Address Slater, Mo Date signed 9/25/40

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-10-40

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 _____

_____, 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.