

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 6 weeks
In this community 6 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1615 Troost
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Maris May Garrett

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female race white 5. Color or _____
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 15 1934
(Month) (Day) (Year)

8. AGE: Years 6 Months 2 Days 5 8 If less than one day _____ hr. _____ min.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business _____

12. Name Leonard Garrett

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

14. Maiden name Evelyn Sprague

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

16. (a) Informant William A. Richardson

(b) Address 1615 Troost

17. (a) Burial (b) Date thereof Dec. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial, or cremation Memorial Park Cemetery

18. (a) Signature of funeral director D. H. Newsome

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-223-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1940 hour 2 minute 25 A.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hydrocephalus

Due to meningitis
Blaspholous

Due to Trauma pneumonia
Bronchial

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Exam

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

23. Signature M. B. Soderberg (M. D. or other)
Address 1316 Prof. St. Date signed 2-23

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

MOTHER FATHER

Garrett

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.....

C. Hervey Quisenberry

Licensed Embalmer No. *4070*

P. O. Address *K. C. 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, fact should be so stated above.