

REC'D FEB 14 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2265

State File No. \_\_\_\_\_

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Liberty, Mo.  
 (b) City or town Liberty, Mo.  
 (c) Name of hospital or institution Rt 2 J.O.F. Home Hosp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 4 years  
 (Specify whether years, months or days)  
 In this community 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Liberty  
 (c) City or town Liberty, Rt 2  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. J.O.F. Home  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

Jesse Garrett

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 23 1867  
 (Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 21 If less than one day hr. min.

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

10. Usual occupation School teacher

11. Industry or business \_\_\_\_\_

12. Name Mr. Garrett

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

14. Maiden name Anderson

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

16. (a) Informant's own signature Paul O. Rogers

(b) Address Liberty, Mo.

17. (a) Burial (b) Date thereof July 15 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hammann C. Bismarck, Mo.

18. (a) Signature of funeral director Wm. J. Archer Co.  
 (b) Address Liberty, Mo.

19. (a) Jan 13 41 (b) Shelton Basly  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13  
 year 1941 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 2, 1941, to July 13, 1941,  
 that I last saw her alive on July 12, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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?  
at home

While at work \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature J.H. Weather (M. D. \_\_\_\_\_)  
 Address Liberty, Mo. Date signed July 15 1941

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Case Filed  
District File Number  
17-21-8  
District Health Officer No. 8,  
GENERAL

**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 Edgar Archer

Licensed Embalmer No. 3311

P. O. Address Liberty, Ill

**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.