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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 6373

FILED MAR 19 1941

Registration District No. 1

Primary Registration District No. 5722

Registrar's No. 7

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

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town Rural (Bloomington Twnp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. R. # 1 De Kalb
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) life

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

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

(d) Street No. R. R. # 1 De Kalb,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Edward Garton

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 Married

6. (b) Name of husband or wife Sally Garton

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Aug. 22, 1875 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 5 | 18 | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name William Garton
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Julia May
15. Birthplace Unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Mrs. Sally Garton

(b) Address R. R. # 1 De Kalb, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Jones Cem.

18. (a) Signature of funeral director Clark Mortuary

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) Feb. 23 1941 (Date received local registrar) (b) O. D. Dace (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 20 year 1941 hour 10 minute 30 p M.

21. I hereby certify that ~~I attended~~ viewed the deceased ~~XXX~~ Feb. 21, 1941, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coronary Thrombosis | |
| Due to Chronic Valvular heart disease | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy none

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 H J Mundy (M. D. or other) Coroner

Address 404 So 3d st Date signed 2/21/41

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1958

## 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~~ 2/20/41

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

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

P. O. Address St. Joseph, 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.**