

Registration District No. **1022**

Primary Registration District No. **5732**

Registrar's No. **5**

1. PLACE OF DEATH:

(a) County **Maries**
 (b) City or town **Hayden**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **1**
years, months or days)

3. (a) PRINT FULL NAME **Margaret Garrett**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Dr. Thomas J. Garrett** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **9/11/1860**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	80	6	24	hr. _____ min. _____

9. Birthplace **Glasco, Scotland** **4**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Duncan MacFarland**
 13. Birthplace **Scotland** **4**
(City, town, or county) (State or foreign country)
 14. Maiden name **Mary Dalton Young**
 15. Birthplace **Scotland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. B. Ewen**

(b) Address **Hayden, Mo.**

17. (a) **Burial** (b) Date thereof **4/7/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marissa, Ill.**

18. (a) Signature of funeral director **Fred H. Gilbert**

(b) Address **Dixon, Mo.**

19. (a) **April 10, 1941** (b) **Sarah Robertson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Maries** **68**
 (c) City or town **Hayden**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? **0** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **5**
 year **1941** hour **6** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **April 2 4**
 _____ 19____, to **April 5** 19____
 that I last saw her alive on **April 4** 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Senility
 Due to **Chronic Valvular Disease**
 Direct effect on **Myocardium**

Other conditions (include pregnancy within 3 months of death) **42 H**

Major findings: Of operations _____

Of autopsy _____

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?
972
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature **D. F. W. Mulligan** D. O. _____
 Address **Dixon, Mo.** Date signed **4/7/41**

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, or by.....

Don 572 41

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

working under my personal supervision.

Signed.....
Fred W. Gilman

Licensed Embalmer No. *2341*

P. O. Address.....
Sixon M

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.