

Registration District No. 89 Primary Registration District No. 5131 6268 Registrar's No. 166

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Rural - Raccoon Twp
(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 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler

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

(d) Street No. 7 miles E. of Neelville
(If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM ALFRED GARRETT

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1941 hour 6 minute 40 A.M.

3. (b) If veteran, name war World

3. (c) Social Security No. 490-14-1835

21. I hereby certify that I attended the deceased from April 13, 1941 to April 13, 1941
that I last saw him alive on April 13, 1941
and that death occurred on the date and hour stated above.

4. Sex M. Color or race W

6. (b) Name of husband or wife Lillie Bell Garrett

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased: June 25 1897
(Month) (Day) (Year)

Immediate cause of death: Cirrhosis of liver.

8. AGE: Years 43 Months 9 Days 18 If less than one day _____ hr. _____ min.

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

9. Birthplace Englemans Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name James Lee Garrett

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

14. Maiden name Sarah Wester

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

PHYSICIAN

Major findings: ✓
Of operations _____

Of autopsy ✓

Underline the cause to which death should be charged statistically.

16. (a) Informant Mark Dalton

(b) Address Carpenter Ark.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓

(b) Date of occurrence ✓

17. (a) Rural (b) Date thereof 4-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williams Cemetery

(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? ✓

18. (a) Signature of funeral director Missouri Fish

(b) Address Neelville Mo.

While at work? _____ (Specify type of place)

(e) Means of injury _____

19. (a) 4/14/41 (b) Kate Sutz
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Ear (M. D. or other) 0

Address Neelville Date signed 4/14/41

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

200

P

RECEIVED

District Health Officer No. 2,

District File Number 54-631

Date Filed 5/14/46

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.....

Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Naylor, 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.