

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**21060**

Do not use this space. **6**

**1. PLACE OF DEATH**

(a) County Barton Registration District No. 41  
 (b) Township Byark Primary Registration District No. 5062 Registered No. \_\_\_\_\_  
 (c) City Liberal (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** EMMA GARNER

(a) Residence, No. Liberal 220 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. Wesley Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 9 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as saw mill, bank, etc. own home  
 10. Date deceased last worked at this occupation (month and year) 1-9-40 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

FATHER 13. NAME John Carson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hardens Co. Kentucky

MOTHER 15. MAIDEN NAME Emily Malton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodford Co. Tenn

17. INFORMANT (ADDRESS) Chas Garner Liberal 220

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal Cem. DATE July 5, 1941

19. FUNERAL DIRECTOR (ADDRESS) Smith Funeral Home Mulberry St

20. FILED July 10, 1941 Ed. Lee M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1941

22. I HEREBY CERTIFY, That I attended deceased from 6/30 11, to 7/2 1941  
 I last saw her alive on July 2, 1941. Death is said to have occurred on the date stated above, at 11:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 92B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Geo. J. - [Signature] M. D.  
 (Address) Madison Missouri

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.

600

FILED JUL 14 1941

1 X12604

STATEMENT BY LICENSED EMBALMER

I, Otis Smith, Licensed Embalmer No. 3652

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Otis Smith

L. E.

No. 3652 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Otis Smith  
Licensed Embalmer No. 3652

**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.)**

FILED JAN 27 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

~~1131~~  
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 47  
(b) Township Ozark Primary Registration District No. 5062 Registered No. 6  
(c) City Liberal (d) Street No. 1 (If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 40 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Liberal mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wesley Garner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26 - 1860

7. AGE YEARS 80 MONTHS 9 DAYS 6 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
9. Industry or business in which work was done, as saw mill, bank, etc. own home  
10. Date deceased last worked at this occupation (month and year) 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Carson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberal Mo

MOTHER 15. MAIDEN NAME Emily Walter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Chas Garner (ADDRESS) Liberal mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal mo DATE July 6 41

19. FUNERAL DIRECTOR Smith Funeral Home (ADDRESS) Liberal mo

20. FILED Jan 25 1942 Liberal Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 30 1941, to July 2 1941. (I last saw him alive on July 2nd 1941. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Heart Insufficiency Date of onset

Other contributory causes of importance: 92 lb

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify..... (Signed) Geo J. Gosh M. D.  
(Address) Liberal Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

50M-7-20-37

RECEIVED

District Health Officer No. 6,

District File Number 142-141

Date Filed JAN 26 1942

S 21060

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**