

No. 2
4-12-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27999
277
State File No. _____
Registrar's No. _____

Registration District No. 164

Primary Registration District No. 5229

1. PLACE OF DEATH:
(a) County Wade
(b) City or town Beard
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 8 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wade
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. P. R. 2 (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Jessamine Garner
3. (b) If veteran name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Aug. day 4
year 1941 hour 9:00 minute _____ P. M.

4. Sex female 5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Feb. 1 (Month) 1870 (Day) (Year)

21. I hereby certify that I attended the deceased from July 28, 1941, to Aug 1, 1941, that I last saw her alive on Aug 1, 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 6 Days 3 If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion
Due to Hypertensive excited -
arteriosclerosis

9. Birthplace not known (City, town, or county) (State or foreign country) 9

Due to _____

10. Usual occupation house wife

Other conditions (Include pregnancy within 3 months of death) 938

11. Industry or business _____

Major findings: Of operations _____

12. Name Jas. C. Estlin

Of autopsy _____

13. Birthplace not known (City, town, or county) (State or foreign country) 9

14. Maiden name Clasara Hoguel

15. Birthplace not known (City, town, or county) (State or foreign country) 9

16. (a) Informant Raymond Alexander

(b) Address 2051 - Clark Lebanon mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 8-4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation LEBENON MO

18. (a) Signature of funeral director Johnnie

(b) Address Lebanon Mo.

19. (a) Aug-15-41 (Date received local registrar) (b) Miss Mary Heubner (Registrar's signature)

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Walter H. Buckett (M. D. or other) MD
Address Lebanon, Mo. Date signed 8-5-41

Duration 1 week
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

20
00

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1564

Date Filed 9-3-41

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.....

Licensed Embalmer No. 1161

P. O. Address Lebanon Ind

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.