

FILED OCT 10 1941

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

30945
Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 41
(b) Township Ozark Primary Registration District No. 506 2
(c) City Liberal (d) Street No. City St. _____
(e) Length of residence in city or town where death occurred 6 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Clara Belle Garrett

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mark N. Garrett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year) Sept. 1941 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) Arcadia
(STATE OR COUNTRY) Kansas

FATHER 13. NAME Wm Speer

14. BIRTHPLACE (CITY OR TOWN) Terre Haute
(STATE OR COUNTRY) Ind.

MOTHER 15. MAIDEN NAME Susan Bond

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

17. INFORMANT M. N. Garrett
(ADDRESS) Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Arcadia Kans. DATE Sept 22, 41

19. FUNERAL DIRECTOR Berkey Funeral Service
(ADDRESS) Mulberry, Kansas

20. FILED Sept. 24 1941 F. R. Gull Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19, 1941

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1941, to Sept 19, 1941

I last saw her alive on Sept 19, 1941. Death is said to have occurred on the date stated above, at 8:35 p m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Date of onset 9/15/41

Other contributory causes of importance:

94a

Name of operation none Date of _____
What test confirmed diagnosis? physical Was there an autopsy? no

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? no
If so, specify _____
(Signed) Allen W Sandberg, M. D.
(Address) Mulberry, Kansas

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.

RECEIVED

District Health Officer No. 6,

District File Number 1041-1536

Date Filed OCT 3 1941

STATEMENT BY LICENSED EMBALMER

I, J. M. Berkey, Licensed Embalmer No. 2336

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. M. Berkey
Licensed Embalmer No. 2336

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30945

Registration District No. 254

Primary Registration District No. 2052

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal
(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 _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Clara Belle Parrett

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 14 1874
(Month) (Day) (Year)

8. AGE: Years 20 Months 7 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) F.R. Dye M.D. (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day _____
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

1941
S-30945