

Registration District No. 73

Primary Registration District No. 3006

State File No. _____
Registrar's No. 322

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Boone County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Cornelia A. Garmo Suddath

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased July 16 - 1860
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Livingston Garmo
13. Birthplace Albany, New York
(City, town, or county) (State or foreign country)
14. Maiden name Mary Schuchler
15. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant W. C. Suddath
(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof Dec 2, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo

18. (a) Signature of funeral director W. C. Suddath
(b) Address Columbia City, Mo

19. (a) 12/2/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg, Mo 2
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 29
year 41 hour 5 00 minute 00 P. M.

21. I hereby certify that I attended the deceased from 9 - 22
_____, 1941, to 11 - 29, 1941

that I last saw her or alive on Nov 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Stenococcal meningitis
HYPOTHALAMUS Duration Sept 41

Due to _____

Due to _____

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

Major findings: None 9/30
Of operations _____
Of autopsy None 9/30
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) no

(b) Date of occurrence no

(c) Where did injury occur? None
(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 Robert (M. D. or other) MD
Address Columbia, Mo Date signed 11-29-41

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

M. J. Whitesides

Licensed Embalmer No. 3893

P. O. Address. Calumet, 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, above space should be left blank.