No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

40377

Registration District No. DEC JAN 24 1942 791

Primary Registration District No. 1003

State File No.

Registrar's No. 10129

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

1. PLACE OF DEATH:
(a) County St Louis -
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DEACONESS HOSPD
(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 LINCOLN 57 0
(c) City or town TROY. NR. 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME JESSIE Thompson GARRETT

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

4. Sex MALE
5. Color or race Wh.
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased MARCH (Month) 26 (Day) 1881 (Year)

8. AGE: Years 60 | Months | Days | If less than one day hr. min.

9. Birthplace LINCOLN Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation OVERSEER.
11. Industry or business NAT PARK SERV.
FATHER
12. Name LEVI J. GARRETT.
13. Birthplace DANVILLE (City, town, or county) VIRG. (State or foreign country)
MOTHER
14. Maiden name PAULINE JONES.
15. Birthplace WARRENTON (City, town, or county) MO. (State or foreign country)
16. (a) Informant HUNT GARRETT.
(b) Address TROY, Mo.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof DEC 22 1941 (Month) (Day) (Year)
(c) Place: burial or cremation TROY, MO
18. (a) Signature of funeral director J. J. Marsh
(b) Address TROY, Mo.
19. (a) DEC 22 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 22 year 1941 hour 10 minute 10a. M.

21. I hereby certify that I attended the deceased from July 21, 1941, to ~~Dec~~ 22, 1941 that I last saw him alive on 12-22, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Urinary Bladder	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Carcinoma Bladder
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. P. Aethride (M. D. ~~or other~~)
Address 601 N grand Date signed 12/22/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.