

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

50M-7-20-37 I. X12004

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.

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

41793
Do not use this space.

FILED JAN 20 1942

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 300
 (b) Township Barber Primary Registration District No. 5217 Registered No. 12
 (c) City Barber (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Archie Carl Garbo
 (a) Residence, No. Rural St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 8, 1933
 7. AGE YEARS 8 MONTHS 6 DAYS 24 If LESS than 1 day, _____hra. or _____min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School boy
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo
 FATHER 13. NAME Gus Garbo
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo
 MOTHER 15. MAIDEN NAME Bertha Meyer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berger Mo
 17. INFORMANT Gus Garbo (ADDRESS) New Haven PA
 18. BURIAL, CREMATION OR REMOVAL PLACE York Nebraska DATE Nov 5, 1941
 19. FUNERAL DIRECTOR Ernest Ottmann (ADDRESS) Barber Mo
 20. FILED 11-3, 1941 J. H. Matthews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 a.m. The principal cause of death and related causes of importance were as follows:
Accidental gun shot wound of head Date of onset _____
 Other contributory causes of importance: 184
17
 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? Accidental Date of injury Nov 7, 1941
 Where did injury occur? York Neb (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury Accidental gun shot
 Nature of injury Accidental wound of head
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Ernest Ottmann Coroner
 (Address) Barber, Missouri

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
herèby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. 7054
working under my personal supervision.
Signed Ernest P. Siltman
Licensed Embalmer No. 4054

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.)