

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

JAN 6 1942

Registration District No. 229

Primary Registration District No. 3434A

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Barsto Rural Marion Mo
(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)

3. (a) PRINT FULL NAME JOHN CRUMAN GARRIOTT

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Catherine Garritt 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept 2 1984
(Month) (Day) (Year)

8. AGE: Years 57 Months 3 Days 18
If less than one day at high rate _____ hr. _____ min.

9. Birthplace Half Rock mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Tractor

12. Name John M. Garritt

13. Birthplace Clark Co. Ind (City, town, or county) (State or foreign country)

14. Maiden name Mary B. Cathran (City, town, or county) (State or foreign country)

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

16. (a) Informant B. G. Garritt

(b) Address Trenton Mo

17. (a) Burial (b) Date thereof Dec. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Half Rock com

18. (a) Signature of funeral director E. J. Roberts

(b) Address Tarado, Mo

19. (a) Dec 31 1941 (b) Maebel Warren
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town "Half Rock" Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles south of Half Rock
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1941 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Coroner's request, 19____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury to anterior right chest
Mr. Garritt driving a 3.6 V 8 coup

Due to speed & collided with a truck on opposite side of road
Due to _____

Other conditions was killed as result of collision
(Include pregnancy within 3 months of death) State Highway about 10 miles E. Trenton Mo

Major findings: Of operations _____

Of autopsy 1700-6 27

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-20-41

(c) Where did injury occur? State Highway 6-10 mi E. Trenton
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
on Highway

While at work? no (Specify type of place) (e) Means of injury _____

23. Signature Maebel Warren (M. D. or other) Coroner

Address Trenton Mo Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

738

FEB 19 1942

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.....

E. J. Robertson

Licensed Embalmer No. *2418*

P. O. Address.....

Fairfax, Va.

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.