

S. No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3910

State File No. _____

FILED FEB 11 1942

Registration District No. 1032

Primary Registration District No. 6141

Registrar's No. _____

1. PLACE OF DEATH:

(a) County TEXAS COUNTY, MISSOURI
(b) City or town WILLOW SPRINGS STAR-ROUTE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Peace Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 47 years years, months or days

8. (a) PRINT FULL NAME JAMES WILLIAM GARMAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased MARCH 6 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace HOWARD LAKE MINNESOTA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name WILLIAM MARTIN GARMAN

18. Birthplace MIDDLEBURN WEST VA.
(City, town, or county) (State or foreign country)

14. Maiden name MINERVA SHRYVER GARMAN

16. Birthplace MIDDLEBURN WEST VA.
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ADDIE HUME

(b) Address CLEAR SPRINGS MO.

17. (a) Burial (b) Date thereof 10-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peace Valley Cemetery

18. (a) Signature of funeral director Burgess & Sons
(b) Address Willow Springs, Mo.

19. (a) _____ (b) 701 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell
(c) City or town Willow Springs Star-Route
(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.? Citizen 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1941 hour 9 minute a. M.

21. I hereby certify that I attended the deceased from 10-29-
1941, to 10-29-1941;
that I last saw him alive on 10-29- 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration Unknown

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 J. Callahan (M. D. certifier)
Address Willow Springs, Mo Date signed 10-31-41

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

RECEIVED

District Health Officer No. 6.

District File Number 14234

Date Filed _____

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

Thomas R. Burns, Jr.

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Ill.

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.