

FILED FEB 16 1942

Registration District No. 875

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6162

State File No. \_\_\_\_\_

Registrar's No. 3-37

3933

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

1. PLACE OF DEATH:

(a) County Monroe  
(b) City or town Rural Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hosp # 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months 16 days  
(Specify whether  
In this community same  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Newton  
(c) City or town Stella  
(If outside city or town limits write "RURAL")  
(d) Street No. None  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME

Jasper Garner

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

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Garner 6. (c) Age of husband or wife if alive 87 years  
7. Birth date of deceased Jan 13 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dr O Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Curry Farmer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name James Garner  
13. Birthplace Dr Tennessee  
(City, town, or county) (State or foreign country)  
14. Maiden name Molly Powell  
15. Birthplace Dr Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ray Road  
(b) Address \_\_\_\_\_

17. (a) Personal (b) Date thereof 1-19-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wheaton, Mo

18. (a) Signature of funeral director Wm. M. Warren  
(b) Address Wheaton, Mo

19. (a) 1-19-42 (b) Allen U. Day  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19  
year 1942 hour 4 minute 55 A M.

21. I hereby certify that I attended the deceased from July 3  
1940, to Jan 18, 1942;  
that I last saw h. in alive on Jan 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Degenerative myocarditis

Due to Generalized arteriosclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 932

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 W. J. P. [unclear] (M. D. or other) \_\_\_\_\_  
Address Wheaton Date signed 1-19-42

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 2-42-115

Date Filed 2-13-42

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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

*Wm Morris Pogue*

Licensed Embalmer No.

3462

P. O. Address

Wheaton 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.