

Registration District No. **1842**

Primary Registration District No. **5108**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County **Bellinger**
(b) City or town **Greensboro Rural Wayne**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **62** (Specify whether years, months or days)
In this community **62** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Bellinger**
(c) City or town **Greensboro Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Near Greensboro**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Robert G. Garner**

3. (b) If veteran, name war **WWI**
3. (c) Social Security No. **123456789**

4. Sex **Male**
5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Louisa Garner**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **June 10, 1879**
(Month) (Day) (Year)

8. AGE: Years **62** Months **7** Days **16**
If less than one day hr. min.

9. Birthplace **St. Louis MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Garner**

11. Industry or business

MOTHER FATHER
12. Name **Andy Garner**
13. Birthplace **Not known**
(City, town, or county) (State or foreign country)
14. Maiden name **Levels**
15. Birthplace **Not known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Louisa Garner**
(b) Address **Greensboro**

17. (a) **Burial** (b) Date thereof **Feb. 9, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Balch Cemetery, Mo.**

18. (a) Signature of funeral director **Clayton Morgan**
(b) Address **Advance, Missouri**

19. (a) **Feb 19/42** (b) **Mrs. Geneva Graham**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **6**
year **1942** hour **2** minute **—** M.

21. I hereby certify that I attended the deceased from **Dec 1941** to **Feb. 6 1942**
that I last saw him alive on **Feb. 5 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Atrophy of liver**
Combined ascites +
Due to **jaundice**
Due to

Other conditions (Include pregnancy within 3 months of death) **125a**

Major findings: Of operations **125a**
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 **2**

23. Signature **E. C. Mastus** (M. D. or other) **MD**
Address **Advance, Mo** Date signed **Feb 9, 1942**

RECEIVED

District Health Officer No. 4
District File Number 342-326
Date Filed 8-12-42

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.....

Lloyd S. Morgan Registered Apprentice No.
working under my personal supervision.

Signed *Lloyd S. Morgan*

Licensed Embalmer No. 3361

P. O. Address *Adause, N.C.*

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, fact should be so stated above.