

Registration District No. 309314

Primary Registration District No. 4190

Registrar's No. 22

1. PLACE OF DEATH

(a) County Gentry

(b) City or town Stanherry MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
E. MAIN ST.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 61 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry

(c) City or town Stanherry MO
(If outside city or town limits, write "RURAL")

(d) Street No. E. MAIN ST. (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Mose Garner

3. (b) If veteran, name war ✓

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1942 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 1 1942 to Feb - 14 1942
that I last saw him alive on Feb. 10 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Helie F. Garner

6. (c) Age of husband or wife if alive 9-18 years (Month) (Day) (Year)

7. Birth date of deceased Oct - 9 - 1885 (Month) (Day) (Year)

Immediate cause of death Myocardial Insufficiency

Duration _____

8. AGE: Years 86 Months 4 Days 5 If less than one day hr. 1 min.

Due to _____

Due to _____

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

9. Birthplace Russell CO KY (City, town or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 92h

Of autopsy _____

10. Usual occupation Retired Carpenter

11. Industry or business _____

12. Name unk

13. Birthplace unk KY (City, town or county) (State or foreign country)

14. Maiden name unk

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

16. (a) Informant Achey Garner

(b) Address Stanherry MO

17. (a) burial (b) Date thereof 2/16/42 (Month) (Day) (Year)

(c) Place: burial or cremation Stanherry MO

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? _____

(Specify type of place)

while at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Stanherry MO

(b) Address _____

19. (a) 2/16/42 (b) Howard E. Hatcher (Date received local registrar) (Registrar's signature)

23. Signature H. E. Simpson (M. D. or other) _____
Address Stanherry Mo Date signed 2-14-42

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

38
3
0

1108

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..... *Robert H. Phillips*

Licensed Embalmer No..... *1898*

P. O. Address..... *Glensberry St.*

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.