S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10385

FILED APR 6 1942

Registration District No. 90 Primary Registration District No. 3008 Registrar's No. 89

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

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State MISSOURI (b) County CALLAWAY
(c) City or town FULTON
(If outside city or town limits, write "RURAL")
(d) Street No. 206 St Louis Ave.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HARVey B. GARVER
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife BERTHA KRENTZ
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JAN (Month) 25 (Day) 1865 (Year)
8. AGE: Years 77 Months 1 Days 24 If less than one day hr. min.
9. Birthplace HAGERSTOWN (City, town, or county) MARYLAND (State or foreign country)
10. Usual occupation TAILOR
11. Industry or business
FATHER
12. Name B. F. GARVER
13. Birthplace MARYLAND (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ANNIE BELL
15. Birthplace MARYLAND (City, town, or county) (State or foreign country)
16. (a) Informant MISS CARRIE GARVER
(b) Address FULTON, MO
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 21, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation HILL CREST FULTON
18. (a) Signature of funeral director Glen J. Mangin
(b) Address 700 Court Fulton, Mo.
19. (a) 3-20-42 (Date received local registrar) (b) Jane Monnitkoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19th year 1942 hour 10 — minute A. M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on March - 19th 1942 and that death occurred on the date and hour stated above.
Immediate cause of death Sudden heart attack while at work in his Taylor Shop. X
Due to X
Due to X
Other conditions X
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

Duration

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) Natural - heart attack
(b) Date of occurrence 3-19-1942
(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? yes (e) Means of injury heart attack
23. Signature U. W. Holman, coroner (M.D. or other)
Address 8-E. 8th. ST. FULTON, MO. Date signed 3-19-42

1141 (Licensed Embalmer's Statement on Reverse Side)

APR 14 1943

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. Glen J. Mangin

Licensed Embalmer No. 2725

P. O. Address. Fulton, 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, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10 385

Registration District No. 104 Primary Registration District No. 3008 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harvey B Garver
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 25 (Day) 1865 (Year)
8. AGE: Years 77 Months 1 Days 20 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th
year 1942 hour Forenoon minute A. M.
21. I hereby certify that I attended the deceased from
, 19 ; that I last saw him alive on March 19th, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Sudden heart attack	
Due to was found dead on floor in his taylor shop - with electric	
Due to iron connected - where he had been pressing - trousers -	
Other conditions (Include pregnancy within 3 months of death) evidence of witnesses Kn	
Major findings: Of operations nothing more -	
Of autopsy 95C4	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? yes - (e) Means of injury
23. Signature J. W. Holman, Cosoner - (M. D. or other)
Address 8 - E - 8th ST. FULTON, Date signed