V. S. No. 2
0M—1-4-41
ev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10774

Registration District No. FILED APR 3 1942 Primary Registration District No. 2001 Registrar's No. 221

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield Ctr. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 742 S. Douglas (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 68 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 039

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

(d) Street No. 742 S. Douglas (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Wilda Garton

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. Warren Garton

6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased May 6, 1873 (Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Greene County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Baker Owen
13. Birthplace Greene Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy McCroskey
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. L. P. Garton

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/42 (Month) (Day) (Year)

(c) Place: burial or cremation Patterson Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 2-21-42 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Mch 14 1942 to Mch 20 1942 that I last saw her alive on Mch 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Organic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95C

Of autopsy

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)

(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

23. Signature W. A. Dehell (M. D. or other)

Address Springfield Mo Date signed 3/21/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wayne Hinkle

Licensed Embalmer No. 3404

P. O. Address Springfield 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.