

FILED APR 25 1949

Registration District No. 5

Primary Registration District No. 58214370

Registrar's No. \_\_\_\_\_

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

**1. PLACE OF DEATH:**

(a) County Nodaway

(b) City or town Clearmont  
(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) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 55 yrs  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Nodaway <sup>074</sup>

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

**3. (a) PRINT FULL NAME** Amasa Horace Garrett

8. (b) If veteran, name war no 8. (c) Social Security No. now

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife L. Amy Garrett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 24 1858  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 14  
year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 4 1940  
Dec 4 1940 to March 14 1942  
that I last saw him alive on March 14 1942  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<u>83</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Wyandot - Ill.  
(City, town, or county) (State or foreign country)

Immediate cause of death Major arterial failure <sup>Duration</sup> 1 wk

Due to General arteriosclerosis <sup>(not known)</sup>

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Merchant

11. Industry or business Lumber & Hardware

**MOTHER FATHER**

12. Name Andrew R Garrett

13. Birthplace Marietta Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Minerva H. Nichols

15. Birthplace N.Y.  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Hubert Garrett

(b) Address Marionville Mo

17. (a) Burial (b) Date thereof Mar 16 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont Mo

18. (a) Signature of funeral director W. B. Humphrey

(b) Address Marionville Mo

19. (a) 3/16-42 (b) W. B. Humphrey  
(Date received local registrar) (Registrar's signature)

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 Jer Blanner (M. D. or other) \_\_\_\_\_

Address Marionville Mo Date signed 3/17/42

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Clem M. Price*

Licensed Embalmer No. *1822*

P. O. Address: *Mayville, 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.**