S. No. 2
I—1-4-41
r. 5-17-39
I X26390

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. 14048

FILED MAY 18 1942

Registration District No. 198 Primary Registration District No. 3011 Registrar's No. 72

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 305 N. Main
(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 Most of life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. 305 N. Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lula Frances Garrett
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Albert Aaron Garrett
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased March (Month) 4 (Day) 1883 (Year)

8. AGE: Years 59 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Turner
13. Birthplace Waco (City, town, or county) Texas (State or foreign country)
MOTHER
14. Maiden name Elizabeth Warren
15. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Lottie Williams
(b) Address Excelsior Springs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel
18. (a) Signature of funeral director Claude Prichard
(b) Address Excelsior Springs, Missouri
19. (a) 4-23-42 (Date received local registrar) Mrs Sadie Rudmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1942 hour 6:40 minute P. M.
21. I hereby certify that I attended the deceased from April 4 1942 to April 21 1942 and that I last saw her alive on April 21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculosis - lung	?
Due to Influenza	2 weeks
Due to Mitral Insufficiency	
Other conditions (Include pregnancy within 3 months of death) 13 Pl	

Major findings:
Of operations None
Of autopsy No 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) 0
(b) Date of occurrence 0
(c) Where did injury occur? 0 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0 (Specify type of place)
While at work? (e) Means of injury
23. Signature S. R. M. Cracken (M. D. or other)
Address Excelsior Springs Mo Date signed 4/22/42

1166

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 8,

District File Number

Date Filed 5-7-42

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.