

FILED JUN 22 1942

Registration District No. _____

Primary Registration District No. 3014

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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)

3. (a) PRINT FULL NAME James R. Garver

3. (b) If veteran, name war World War #2 3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced 9

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. _____ (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

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 Jefferson City, Missouri

17. (a) Removal (b) Date thereof June-11-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Wisconsin

18. (a) Signature of funeral director Bob Godon

(b) Address Jefferson City, Missouri

19. (a) 6-11-42 (b) Norma Richter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin (b) County Jefferson
(c) City or town Madison Wisconsin
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1942 hour 3 minute 45 P M.

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

Immediate cause of death Cerebrospinal Meningitis Epidemic

Duration

3 days

Due to Meningococcus

Other conditions (include pregnancy within 3 months of death)

Major findings: Spinal puncture
Of operations Yes - I found organisms
Of autopsy meningococci meningitis

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature J. A. Ossman (M. D. or other) MD
Address Jefferson City, Mo Date signed 6-11-42

This case - (taken from Dr. Wain - Mrs. P. 6/10/42 -
 Died 3 hours later. - 436
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 (Form Use)

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..... *Louis Quest*

Licensed Embalmer No. *4098*

P. O. Address *Jefferson City*

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.

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 17787
 Registrar's No. 148

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City
(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 James R. Sarsen
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day _____
 year 1942 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I have a lawfully _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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

7. Birth date of deceased _____
(Month) (Day) (Year)
 8. AGE: Year _____ Months _____ Days _____
If less than one day _____ min.

Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace _____
(City, town, or county) (State or foreign country)
 10. Usual occupation _____
 11. Industry or business _____

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____
 18. (a) Signature of funeral director _____
 (b) Address _____
 19. (a) 7-10-42 (b) Noona Richter
(Date received local registrar) (Registrar's signature)

SUPPLEMENTARY

without being able to give information. How being moved from Jefferson City to Cole County - is all information I could get. WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

