

FILED JUN 18 1942

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 69

74  
1  
2  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks  
(Specify whether years, months or days)

In this community 28 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Maryville  
(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 GEORGE HENRY GARRETT

3. (b) If veteran, name war No

3. (c) Social Security No. 487-10-5787

4. Sex MO 5. Color or race W 6. (a) Single, married, divorced Married

6. (b) Name of husband or wife Catherine Cook Garrett 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Mar. 14 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months \_\_\_\_\_ Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Sheet metal worker

11. Industry or business \_\_\_\_\_

12. Name James Garrett

13. Birthplace Sidney Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Lilmore

15. Birthplace \_\_\_\_\_ Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Geo. Garrett

(b) Address Maryville Mo

17. (a) Burial (b) Date thereof May 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patricks Cemetery

18. (a) Signature of funeral director Paice Funeral Home  
(Specify type of place)

(b) Address Maryville Mo.

19. (a) May 15, 1942 (b) May Cole  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1942 hour 5 minute 20 p. M.

21. I hereby certify that I attended the deceased from Feb. 2 1940, to May 13 1942

that I last saw him alive on May 13 1942 and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of prostate with metastasis to bladder spine

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

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

Other conditions 5 1/2  
(Include pregnancy within 3 months of death)

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

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. M. Boyles (M. D. or other) \_\_\_\_\_  
Address Maryville Date signed 5-15-42

**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.....

*John W. Price*

Licensed Embalmer No.....

*4281*

P. O. Address.....

*Maryville 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.**