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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21684

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 113

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Chillicothe Hospital O
(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: 40

(a) State Missouri (b) County Grundy
(c) City or town Chula - Route 2 - Wilson Township
(If outside city or town limits, write "RURAL")
(d) Street No. Route 2
(If rural, give location)
(e) Citizen of foreign country? No / (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Donald Lee Garr
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced O Baby
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 24 (Day) 1942 (Year)

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

9. Birthplace Chillicothe (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Reginald Junior Garr
13. Birthplace Chula (City, town, or county) Mo. O (State or foreign country)

MOTHER
14. Maiden name Imogene Mae Wilson
15. Birthplace Vetersburg (City, town, or county) Indiana / (State or foreign country)

16. (a) Informant R. J. Garr
(b) Address Chula Mo.
17. (a) Plainview Cem (Burial, cremation, or removal) Date thereof June 25 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Plainview Cem
18. (a) Signature of funeral director E. J. Robertson
(b) Address Daredo Mo.
19. (a) June 26 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24 year 1942 hour 2:00 minute 10 a.m.
21. I hereby certify that I attended the deceased from — , 19 , to — , 19 ; that I last saw h — alive on — , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemia	
Due to Uraemia of mother	
Due to Toxemia of pregnancy	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

161C

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 R. J. Brennan (M. D. or other)
Address Chillicothe Mo. Date signed 6/24/42

458 (Licensed Embalmer's Statement on Reverse Side)

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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 not embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Faredo, 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.