

LED JUL 13 1942
Registration District No. 878

Primary Registration District No. 4531

Registrar's No. 28

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00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1 3/4
(If not in hospital or institution, write street number or location)

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

In this community 1 day 5 hrs
years, months or days

2. USUAL RESIDENCE OF DECEASED: 108

(a) State MO (b) County Vernon

(c) City or town Sheldon
(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 MARSHAL-LEROY-GARRETT

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

4. DATE OF DEATH: Month June day 10
year 1942 hour 1 minute 15 PM

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 day and hour stated above.

4. Sex Male 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: June 9 1942
(Month) (Day) (Year)

Immediate cause of death: Failure of Forebrain to breathe

Due to _____

Due to _____

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

5 hr. 5 min.

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

Major findings: Of operations 157e

Of autopsy _____

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

10. Usual occupation Infant

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Lourence S. Ganett

13. Birthplace Vernon Co MO
(City, town, or county) (State or foreign country)

14. Maiden name Clara Louise Harhoff

15. Birthplace Adrian Co MI
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Lourence S. Ganett

(b) Address Sheldon MO R#2

17. (a) Burial (b) Date thereof June 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation olive Branch

While at work _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. E. Duedel (M. D. or other) M.D.

Address _____ MO Date signed 6/10/42

18. (a) Signature of funeral director G. B. Bury & Sons

(b) Address Sheldon MO

19. (a) June 10 1942 (b) Edlesaner Ludwig
(Date received local registrar) (Registrar's signature)

Foreman Avale

RECEIVED

District Health Office No. 7,

District File Number 7-42-753

Date Filed 7-10-42

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

was not embalmed Registered Apprentice No. _____
working under my personal supervision.

Signed Carroll T. Beery

Licensed Embalmer No. 2385

P. O. Address Sheldon 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.