

S. No. 2
M-1-4-41
7. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23387

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2681

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 2 hrs
(Specify whether years, months or days)

In this community as above, 2 hrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Olathe
(If outside city or town limits, write "RURAL")

(d) Street No. 230 South Dudley
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X 2

3. (a) PRINT FULL NAME Charles E Garber

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1942 hour 11:58 AM

21. I hereby certify that I attended the deceased from 19;
Garber 19 ;
that I last saw him alive on 19 ;
and that death occurred on the date and hour stated above.

4. Sex male race white

5. Color or race white

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

6. (b) Name of husband or wife X

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

7. Birth date of deceased: Dec 9 1928
(Month) (Day) (Year)

Immediate cause of death Fracture of the skull
Duration

Due to Rachoid hemorrhage

Due to 1695
30

Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years 13 Months 7 Days 4
If less than one day hr. min.

Major findings: Of operations

Of autopsy See above

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

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

10. Usual occupation Student

11. Industry or business Olathe Junior High School

12. Name Garber

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

14. Maiden name Anna Duncan

15. Birthplace Ocheltree Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Zimmerman

(b) Address Olathe Kansas So Dudley

17. (a) Removal (b) Date thereof 7-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olathe Kansas

18. (a) Signature of funeral director Stuart McElure

(b) Address 3235 Keech Ave Olathe

19. (a) 7-14-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide, specify Accident

(b) Date of occurrence 7/13/42 136

(c) Where did injury occur Olathe
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place or in public place?
Rachoid hemorrhage Death by
(Specify type of place) (e) Means of injury

While at work

23. Signature (If other)
Address Date

361

(Licensed Embalmer's Statement on Reverse Side)

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 Emery M. Plank

Licensed Embalmer No. 1848

P. O. Address T. C. 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.