DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1942

Registration District No. 14

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26615

State File No.

Primary Registration District No. 5064

Registrar's No. 13

1. PLACE OF DEATH:

(a) County: Barton

(b) City or town: Arcadia, R F D, (If outside city or town limits, write "RURAL" and name of township)

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

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

In this community: 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barton

(c) City or town: Arcadia, R F D, (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.? years.

3. (a) PRINT FULL NAME: George W. Garrett

3. (b) If veteran, name war: none

3. (c) Social Security No.: no

4. Sex: M

5. Color or race: W

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

6. (b) Name of husband or wife: Hester

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Nov (Month) 9, (Day) 1857 (Year)

8. AGE: Years 85 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation: Retired Farmer

11. Industry or business:

MOTHER FATHER

12. Name: Unknown

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

14. Maiden name: Unknown

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Tom Garrett

(b) Address: Arcadia, Kansas.

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

(c) Place: burial or cremation: Sheffield Cemetery

18. (a) Signature of funeral director: H. T. Moonehan

(b) Address: Arcadia, Kansas

19. (a) Aug 10 1942 (Date received local registrar) (b) Blanche Jackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1942 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Sept, 1918 to July 28, 1942 that I last saw him alive on July 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio-Vascular Renal	4 mos
Due to: Senility	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: none

Of autopsy: none

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): no

(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: A. H. Adamson (M. D.)

Address: Arcadia Kans Date signed 8/8/42

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

Rev. 5-17-39

RECEIVED
District Health Officer No. 6,
District File Number 942-1290
Date Filed SEP 2 1942

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 my self, Registered Apprentice No. , working under my personal supervision.

Signed H. T. Monahan

Licensed Embalmer No. 3616

P. O. Address Arcadia, Kansas

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.

V. S. No. 2B
10M—8-21-41
I X29288

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BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26615

Registration District No. 14 Primary Registration District No. 5064 Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County: Barton
(b) City or town: Rural
(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 years, months or days)
In this community: 75 yrs

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: George W. Garrett
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Nov (Month) 9 (Day) 18 (Year)

8. AGE: Years 85 Months 8 Days 10 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
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) (Burial, cremation, or removal) (b) Date thereof July 31-1942 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Sept 27-42 (Date received local registrar) (b) Blanche Sackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY