

108
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: 1 Heches Sup.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 years (Specify whether years, months or days)

In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 830 N. Missouri Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME STEPHEN ALEXANDER GARFIELD

3. (b) If veteran, name war: _____

3. (c) Social Security No. 500-10-6845

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31 year 1942 hour 15 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

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

6. (b) Name of husband or wife Edna Garfield 6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 3 1880
(Month) (Day) (Year)

that I last saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis (apparently from 1st attack)

8. AGE: Years 62 Months 7 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Walker Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Due to _____

Due to _____

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

11. Industry or business _____

12. Name Henry Garfield

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

14. Maiden name Mary Elizabeth Keppard

15. Birthplace Fulton Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Edna Garfield
(b) Address 830 N. Mo. Ave.

17. (a) Bureau (b) Date thereof Oct 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black's Cemetery

18. (a) Signature of funeral director Henry Funeral Home
(b) Address Nevada Missouri

19. (a) 9-8-42 (b) Dwight H. Mason
(Date received local registrar) (Registrar's signature)

Major findings: Of operations 94a

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)

23. Signature Braxton Day (M. D. or other) Coroner
Address Nevada Mo. Date signed 9-1-42

RECEIVED

District Health Officer No: 7,

District File Number: 10-42-1046

Date Filed: 10-5-42

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. 1760

P. O. Address.....

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.