. S. No. 2
OM—[illegible]
ev. 5-1[illegible]39
[illegible] 32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 36208

FILED NOV 19 1942

Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 4047

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: St. Luke's Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days. (Specify whether years, months or days)

In this community 31 years.

**2. USUAL RESIDENCE OF DECEASED:** 999

(a) State Kansas (b) County Johnson 14

(c) City or town Shawnee Rt. 1 Rural 0 (If outside city or town limits, write "RURAL")

(d) Street No. R. R. # 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --- 2

3. (a) PRINT FULL NAME Chester Voria GARRETT

3. (b) If veteran Seaman name war World War 11

3. (c) Social Security No. 509-09-6720

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Velma Garrett

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased April (Month) 23, (Day) 1907 (Year)

8. AGE: Years 35 | Months 6 | Days 7 | If less than one day ___ hr. ___ min.

9. Birthplace Burlington (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation U.S. Navy Aviation Base

11. Industry or business Seaman

FATHER
12. Name James Verb Garrett
13. Birthplace Burlington, (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Myrtle Lea Gilges
15. Birthplace Baldwin, Kansas (City, town, or county) (State or foreign country) 1

16. (a) Informant J. V. Garrett
(b) Address Shawnee, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 2, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery Topeka, Kansas

18. (a) Signature of funeral director [illegible] Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 11-2-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 30th year 1942 hour 3: minute 45 A.M.

21. I hereby certify that I attended the deceased from 0300 A.M. October 27, 1942, to October 30, 1942; that I last saw him alive on October 29, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries, Multiple, Extreme. — Duration 3 day

Due to Automobile Accident. 4

Due to 170 C-4 22

Other conditions Gas Gangrene and Hypostatic Pneumonia. (Include pregnancy within 3 months of death)

Major findings: Of operations Crushed lower right limb, Fractured Femur, Fractured ribs

Of autopsy Same.

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) Accident 136

(b) Date of occurrence October 27, 1942

(c) Where did injury occur? (City or town) Johnson (County) Kansas (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway (50) (Specify type of place)

While at work? Yes (e) Means of injury Auto Accident

23. Signature Ernest Kip Robinson (M. D. or other)

Address USNRAB, Olathe, Kansas Date signed 10-31-42

(Licensed Embalmer's Statement on Reverse Side)

Gall. TC

JUN 6 1956

OCT 24 1950

DEC 1 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K 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.**