. S. No. 2
—11-10-39
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38349

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 168

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: At home
(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 ✓

2. USUAL RESIDENCE OF DECEASED: 108 1 2

(a) State Missouri (b) County Vernon

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

(d) Street No. 816 N. Colorado
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ years.

3. (a) PRINT FULL NAME Thomas Theodore Garfield

3. (b) If veteran, name war None

3. (c) Social Security No. None

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 46 years

7. Birth date of deceased June (Month) 8 (Day) 1886 (Year)

8. AGE: Years 56 Months 2 Days 24 If less than one day ___ hr. ___ min.

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

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name Henry Alexander Garfield
13. Birthplace Doylesville (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Bickford
15. Birthplace Fayette (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant Mary Elizabeth Smith
(b) Address Nevada, Mo.

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

(c) Place: burial or cremation Glick Cemetery

18. (a) Signature of funeral director Allen V. Hart
(b) Address Nevada, Mo.

19. (a) NOV. 6 1942 (Date received local registrar) (b) Elizabeth Breibeskridge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day November year 1942 hour about midnight 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: Coronary thrombosis (by history)	6-7 hr.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94 b	
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 C. Braxton Davis Coroner (M. D. or other)

Address Nevada 3 Date signed 11-2-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 12-42-1336
Date Filed 12-10-42,

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

Signed Allen V. Karp

Licensed Embalmer No. 1968

P. O. Address Nevada 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.