S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39694

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4584

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: 3263 Gillham Plaza
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 1 MONTH.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3 8
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3263 GILLHAM PLAZA
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM EUGENE GARRETT

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race White

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

6. (b) Name of husband or wife NONE

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

7. Birth date of deceased NOV-9-1942 (Month) (Day) (Year)

8. AGE: Years — Months 1 Days L If less than one day — hr. — min.

9. Birthplace KANSAS CITY, MO 0 (City, town, or county) (State or foreign country)

10. Usual occupation BABY

11. Industry or business NONE

FATHER
12. Name WILLIAM FRANKLIN GARRETT
13. Birthplace EXCELSIOR Springs, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name OSA ERMAGENE BOYER
15. Birthplace HARTVILLE, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM F. GARRETT
(b) Address 3263 GILLHAM PLAZA

17. (a) ~~BURIAL~~ (~~Burial, cremation, or~~ removal) (b) Date thereof DEC-11-42 (Month) (Day) (Year)
(c) Place: burial or cremation Hartsville, Mo.

18. (a) Signature of funeral director Conley Funeral Home
(b) Address 2147 Spring St. Indep. Mo.

19. (a) 12-10-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1942 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Nov 1942 to Dec 9 1942 that I last saw him alive on Dec 9 1942 and that death occurred on the date and hour stated above.

Immediate cause of death ~~Contributing~~ Meningitis (Non Spec)

Due to Infected Spina Bifida

Due to

Other conditions 157B
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 S. Pate (M.D. or other) MW
Address North Kansas City Date signed 12/10/42

(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 J. L. Latta, Registered Apprentice No. 2632, working under my personal supervision.

Signed J. L. Latta

Licensed Embalmer No. 2632

P. O. Address 214 N. Spring

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.