

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jackson Co. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 mo. 15 da.  
(Specify whether  
In this community 20 yrs  
years, months or days)

3. (a) PRINT FULL NAME Walter O. Garland

3. (b) If veteran, name war None 8. (c) Social Security No. 486-10-8053

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Vera Garland 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Dec 10, 1903  
(Month) (Day) (Year)

8. AGE: Years 39 Months 0 Days 19 If less than one day hr. min.

9. Birthplace Munroe Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Stock man

11. Industry or business Montgomery Ward & Co.

12. Name Luther Garland

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

14. Maiden name Ella Travis

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

16. (a) Informant Vera Garland

(b) Address 307 S Spring Indep

17. (a) BURIAL (b) Date thereof 12/31/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Stone Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo.

19. (a) 12-31-42 (b) F.M. Dehick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(If outside city or town limits, write "RURAL")  
(d) Street No. 307 S Spring  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29  
year 1942 4 hour 30 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 10  
1942 to Dec 29, 1942  
that I last saw him alive on Dec 29, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pemphigus  
Duration 11 mo

Due to.....

Due to.....

Other conditions. (Include pregnancy within 3 months of death) 153'2

Major findings: Of operations.....

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) (c) Means of injury.....

23. Signature F B Bailey (M. D. or other) MD

Address Jackson Co. Indep Date signed 12-29-42  
Little Sta. Mo

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

48  
0  
0

✓  
48

3

**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 Frank Beitch

Licensed Embalmer No. 2767

P. O. Address Indep. 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.**