

S. No. 2
M-9-4-41
ev. 5-17-36
X29484

41459

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 11 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 7

Registration District No. 252

Primary Registration District No. 5857

74
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Parnell (Independence Town)
(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years
In this community 60 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Parnell (Independence Town)
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Roach Garrard
3. (b) If veteran, name war No
3. (c) Social Security number none

4. Sex male 5. Color or race wh
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Lillie 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Nov. 8 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 14
If less than one day hr. min.

9. Birthplace Spencer Ind
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name Alfred Garrard
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Roach
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Loren Garrard
(b) Address Parnell Mo

17. (a) burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reynolds White Funeral Home

18. (a) Signature of funeral director Manville Mo
(b) Address 1226/42

19. (a) 12/26/42 (b) OH Taylor
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 22
year 1942 hour 8:00 minute 50 A.M.

21. I hereby certify that I attended the deceased from Dec 19 1942 to Dec 22 1942
that I last saw him alive on Dec 20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration 3 days

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
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?

While at work? (Specify type of place)
(c) Means of injury
23. Signature Egbert Crowson (M.D. or other) M.D.
Address Parnell Mo Date signed Dec 25 1942

555 (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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clem M Price
Licensed Embalmer No. 1822
P. O. Address Maryville 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.