

FILED FEB 9 1943

Registration District No. 7

Primary Registration District No. 4002

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

1. PLACE OF DEATH:

(a) County ADAIR  
(b) City or town BRASHEAR  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NONE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ADAIR  
(c) City or town BRASHEAR  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. DELLA GARLOCK

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRANK GARLOCK 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased APRIL 28 1874  
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 7 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace TECUMSEH INDIANA  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name JOHN COLLINS  
13. Birthplace INDIANA  
(City, town, or county) (State or foreign country)  
14. Maiden name MARY GREEN  
15. Birthplace OHIO  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Garlock

(b) Address Brashear Mo

17. (a) burial (b) Date thereof Jan 7, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Quads. Town

18. (a) Signature of funeral director F.R. Easley

(b) Address Brashear Mo

19. (a) Jan 7, 1943 (b) Mrs. J. Wayman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 5  
year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 5  
1942, to Jan 5 1943  
that I last saw her alive on Dec 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration \_\_\_\_\_

Due to High blood pressure yrs. \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions g3a  
(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) (e) Means of injury \_\_\_\_\_

23. Signature H. M. Humphrey (M. Director) MD

Address Brashear Mo Date signed 1-6-43

1049

DEC 15 1941

DEC 9 1 1941

FEB 10 1942

JUL 1 1942

RECEIVED

District Health Officer No. 10

District File Number 2-43-185

Date Filed FEB 8 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 Geo B Easley Jr  
Licensed Embalmer No. 3785  
P. O. Address Hurdland 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.