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OM-5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED Jan 17 1943

Registration District No. _____

Primary Registration District No. 4028

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Liberal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 22 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Liberal
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DAVID Franklin Garr

3. (b) If veteran, name war _____ 3. (c) Social Security No. 440255305

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruby Honor Garr 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased December 27 1879
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Appanoose Co. Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

11. Industry or business _____

12. Name Wm. Garr

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Harriett Exline 4

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

16. (a) Informant Mrs. Ruby Garr

(b) Address Liberal, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 22 43
(Month) (Day) (Year)

(c) Place: burial or cremation Galum Cemetery, Exline, Mo.

18. (a) Signature of funeral director J. M. Barker
(b) Address Mulberry Lane

19. (a) Jan 22 43 (Date received local registrar) (b) Blanche Sackett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th
year 1943 hour 3 minutes 45 P.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:

Immediate cause of death Instantly killed when he drove his pick-up truck in front of Frisco train # 104 at crossing in south east part of Liberal.
Due to (No Inquest)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1700-23
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accidental
(b) Date of occurrence 1-19-43
(c) Where did injury occur? Liberal, Barton CO, MO.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On road south east part of Liberal, Mo.
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Raymond Peter
Address Liberal, Mo Date signed 1-20-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

0000

4 P

1260

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 143-129

Date Filed JAN 30 1943

FEB 1 1943

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 J. M. Berkey
Licensed Embalmer No. 2336
P. O. Address Mulberry Lane

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.