

**FILED FEB 18 1943**  
Registration District No. 1

Primary Registration District No. 3000

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

**1. PLACE OF DEATH:**

(a) County Adair

(b) City or town Keokuk  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Adair Smith Hosp  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days  
(Specify whether years, months or days)

In this community 10 days

**3. (a) PRINT FULL NAME** Frances Louise Garnett

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race W/C

6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Jan 6 1937  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>5</u>	<u>11</u>	<u>28</u>	hr. _____ min.

9. Birthplace Knox Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation home

**MOTHER FATHER**

11. Industry or business \_\_\_\_\_

12. Name Vernon Garnett

13. Birthplace Knox Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Frances Pitzer

15. Birthplace Shelby Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vernon Garnett

(b) Address Novelty Mo.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereon Jan. 6-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Novelty Mo.

18. (a) Signature of funeral director Kath Hudson

(b) Address Edina, Missouri

19. (a) Jan. 6, 1943  
(Date received local registrar)

(b) Mrs. J. L. Wayman  
(Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo

(b) County Knox

(c) City or town Novelty (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 4 year 1943 hour 7 minute 40 PM.

21. I hereby certify that I attended the deceased from Dec 26 1942 to Jan 4 1943

that I last saw her alive on Jan 4 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Encephalo myelitis

Due to Probable Pneumococcus

Duration 12 days

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

Other conditions 37 d  
(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 E. Darburn Smith  
(M. D. or other)

Address Keokuk Date signed 1/4/43

RECEIVED

District Health Officer No. 10

District File Number 2-43-374

Date Filed FEB 16 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 Leith Hudson  
Licensed Embalmer No. 2415  
P. O. Address Edina, Missoua

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.