

1. PLACE OF DEATH:

(a) County: NEW JASPER

(b) City or town: Joplin

(c) Name of hospital or institution: ST Johns Hospital

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

3. (a) PRINT FULL NAME: HENRY EDWARD GARRET

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

4. Sex: MALE 5. Color or race: White 6. (a) Single, widowed, married: 2 divorced Widowed

6. (b) Name of husband or wife: Edna GARRET 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: Not known

8. AGE: Years Months Days If less than one day

About 67 hr. min.

9. Birthplace: ILLINOIS (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business:

12. Name: Houston Garret

13. Birthplace: Tennessee (State or foreign country)

14. Maiden name: Rumety

15. Birthplace: Tennessee (State or foreign country)

16. (a) Informant: Elmer Gage

(b) Address: Diamond Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: Feb 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation: Diamond Mo

18. (a) Signature of funeral director: [Signature]

(b) Address: Neesho Mo

19. (a) 2-26-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: NEWTON

(c) City or town: DIAMOND

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

(e) Citizen of foreign country?..... (Yes or No) If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: FEB day: 23 year: 1943 hour: 7 minute: 30 p M.

21. I hereby certify that I attended the deceased from 2-12-43 to 2-23-43 that I last saw him alive on 2-23-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Duodenum + Jejunum

Due to.....

Due to.....

Other conditions: 46c (Include pregnancy within 3 months of death)

Major findings: Carcinoma Duodenum + Jejunum - opr gastro-Ectomy m 2-14-43

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: [Signature] (M. D. or other) Address: Joplin Mo Date signed: 2-24-43

Duration

1 yr

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49
2
5

1207

43-2-214

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

Cpl Stone Jr.

Licensed Embalmer No. *4176*

P.O. Address *Neasha MD*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above: