

FILED FEB 23 1943

Registration District No. _____

Primary Registration District No. 3041

State File No. _____

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Macon
(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 6 months.
years, months or days

3. (a) PRINT FULL NAME Love C. Garris
3. (b) If veteran Doyle name war _____
3. (c) Social Security No. _____

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced 3
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
7. Birth date of deceased Aug 7 1912
(Month) (Day) (Year)

8. AGE: Years 39 Months 6 Days 2
If less than one day hr. _____ min. _____

9. Birthplace Pragueville, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____
12. Name of father Robert Garris
13. Birthplace Pragueville, Ill
(City, town, or county) (State or foreign country)
14. Name of mother Marcell Garris
15. Birthplace Pragueville, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Garris
(b) Address Indiana

17. (a) Burial 2-17-43
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
(c) Place: burial or cremation Uniondale Ind.

18. (a) Signature of funeral director Stephen G. Goding
(b) Address _____

19. (a) 2/19/43 (b) Howard Munkler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon
(c) City or town Macon
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1943 hour 7 pm minute _____ M.
21. I hereby certify that I attended the deceased from Feb 1
1943 to Feb 6 1943
that I last saw h. in alive on Feb 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Duration 1/2 hour

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: 94 a
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 Howard Munkler (M. D. optional)
Address Macon, Mo. Date signed 2/9/43

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

MOTHER FATHER

23/42
308

1037

1408
FEB 23 1943

MAR 24 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

C. L. Stephens

Licensed Embalmer No.

3057

P.O. Address

Macon, Ma

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Macon, } ss.

State File No.
Local Registrar's No. 200

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 11 day of March, 1943, before me appears Robert Farris

....., who, upon his oath, states that the original record of birth
for Loryl Farris died Feb. 9, 1943, in the State of death
Missouri, and which was filed at Jefferson City, on Mar 8, 1943, should be corrected as follows:

Item No. 3 should read Loryl Farris

Instead of Loirel C. Farris

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Robert Farris father
Relationship.

Macon, Missouri.
Present Address.

Subscribed and sworn to before me this 11 day of March, 1943

My Commission expires 8/13/43, Nora B. Hunkler Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of MO.
County of Macon } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 13

On this 22 day of March, 1943, before me appears Garnet Farris

who, upon her oath, states that the original record of ^{birth} death
for Loyal C. Farris died Feb 9, 1943 in the State of
Missouri, and which was filed at Jefferson on Feb 20, 1943 should be corrected as follows:

Item No. 7 should read LORYL C. FARRIS

Instead of

Item No. 9 should read Born Russellville, Ill. Aug 7-1912

Instead of Lawrenceville Aug 7-1913

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Garnet Farris Relationship Mother

One Census, Ind. R#2
Present Address.

Subscribed and sworn to before me this 22 day of March, 1943.

My Commission expires Jan. 13, 1947 Ruth DeBerry Burr Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.