

S. No. 2
 BM-5-42
 v. 5-17-39
 X3287

19242

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 24 1943
 102
 00

Registration District No. 587

Primary Registration District No. 6146

Registrar's No. 30

1. PLACE OF DEATH:
 (a) County Shelby Co.
 (b) City or town Leonard Mo. Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None Jay's of Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution X (Specify whether
 In this community All his life (Yes or No)
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 102
 (a) State Missouri (b) County Shelby
 (c) City or town Leonard Mo. Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4 miles N. E. of Leonard
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Lee Claude Garnett

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Garnett 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 27th, 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 9 27 hr. min.

9. Birthplace Shelby Co. Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Same

12. Name Luther Coleman Garnett

13. Birthplace Missouri 0
 (City, town, or county) (State or foreign country)

14. Maiden name Caroline Weeden

15. Birthplace Missouri 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Garnett

(b) Address Leonard, Mo.

17. (a) Burial (b) Date thereof 3-27-1943
 (Burial place or other disposal) (Month) (Day) (Year)

(c) Place: burial or cremation Garnett Cemetery

18. (a) Signature of funeral director Mellon's Parkers
 (b) Address Shelby Mo

19. (a) April 6 43 (b) Madge Gosch
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
 year 1943 hour 8 minute 8 M.

21. I hereby certify that I attended the deceased from Jan 8
1941 to Mar 24 1943
 that I last saw him alive on Mar 24 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration March 1943

Due to a cold March 1943

Due to _____

Other conditions (Include pregnancy within 3 months of death) 108

Major findings: Of operations _____

Of autopsy _____

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 C. D. Holmes (M. D. or other) D. D.
 Address Mo. City Mo Date signed 4-1-43

Duration
March 1943
March 1943
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1095

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 5-43-889

Date Filed MAY 21 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 Elw Hawkins

- - Licensed Embalmer No. 3498

P. O. Address Shelburne - Vt

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.