

State File No. _____

Registrar's No. 104

FILED AUG 13 1943
Registration District No. 2050

Primary Registration District No. 5572

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Rural District
(c) Name of hospital or institution Jackson Co. Emergency Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 6 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Manassas
(If rural, give location)
(d) Street No. 518 Winter Park Court
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED J. GARRY

3. (b) If veteran, name war no 3. (c) Social Security No. 487-25-5095

4. Sex male 5. Color of race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Raura May Garry 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec 28 1875
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 7 If less than one day hr. 2 min.

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

10. Usual occupation With

11. Industry or business Shuffels Steel Co.

12. Name W. Garry

13. Birthplace Shanadoah Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary

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

16. (a) Informant Jackson Co. Emergency Hosp.

(b) Address Rural District No. 2050

17. (a) Rural (b) Date thereof Aug 2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int. Washington

18. (a) Signature of funeral director W. C. Foster

(b) Address 918 Brooklyn R.C. 4th

19. (a) Aug 2, 1943 (b) F. M. Schuch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner to Coroner, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema
Coronary Sclerosis with
myocardial fibrosis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 110
Of autopsy See Above

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 W. C. Foster (M. D. or other) M. D.
Address 23 W. Main Date 9/30/43

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

MOTHER FATHER

JAN 16 1946

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 me

working under my personal supervision. Registered Experience No. _____

Signed Thomas D. Redman

Licensed Embalmer No. 2787

R.O. Address K.C. Mo.

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.