

27314

U.S. No. 2  
DOM-2743  
Rev. 5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **3609**

**D AUG 27 1943**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution: **General Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)

In this community **Lifetime**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**

(d) Street No. **4334 Bales**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Robert Lee Garner**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**

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

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

7. Birth date of deceased **September 30, 1933**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>9</b>	<b>10</b>	<b>16</b>	_____ hr. _____ min.

9. Birthplace **Kansas City** **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **At Home**

MOTHER FATHER

12. Name **Virgil Lee Garner**

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

14. Maiden name **Lula Mae Carrell**

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

16. (a) Informant **Virgil L. Garner**

(b) Address **4334 Bale Avenue**

17. (a) **Burial** (b) Date thereof **Aug. 23, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **D. F. Lewin**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **8-21-43** (b) **D. C. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19**  
year **1943** hour **9** minute **30** P.M.

21. I hereby certify that I attended the deceased from **August 14**, 19**43** to **August 19**, 19**43**  
that I last saw him alive on **August 19**, 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Poliomyelitis**  
**Bulbar**

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

Due to \_\_\_\_\_ **36**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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)

Means of injury \_\_\_\_\_

23. Signature **Ann R. Shon** (M. D. or other) \_\_\_\_\_

Address \_\_\_\_\_ Date signed **8-21-43**

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

**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 Emile M. Colbourn  
Licensed Embalmer No. 3506  
P. O. Address Kemo

**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.**