

STANDARD CERTIFICATE OF DEATH

State File No. **28864**

Registration District No. **268**

Primary Registration District No. **5906**

Registrar's No.

1. PLACE OF DEATH

(a) County **Remick**  
(b) City or town **Rural Little River**  
(c) Name of hospital or institution: **Wardell Mo.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Remick**  
(c) City or town **Rural** (If outside city or town limit write "RURAL")  
(d) Street No.  
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **IDA GARRETT**

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

4. Sex **Female** 5. Color or race **Col** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if all yr years

7. Birth date of deceased **7-15-1881**  
(Month) (Day) (Year)

8. AGE: Years **62** Months **9** Days **28** If less than one day hr. min.

9. Birthplace **Holly Springs Miss**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business **Home**

12. Name **John Wilkins**

13. Birthplace **Holly Springs Miss**  
(City, town, or county) (State or foreign country)

14. Maiden name **Ida Patton Robinson**

15. Birthplace **Holly Springs Miss**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Leslie Garrier**

(b) Address **Wardell Mo**

17. (a) **Burial** (b) Date thereof **8-20-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wardell Mo**

18. (a) Signature of funeral director **Wardell Mo**

(b) Address **Wardell Mo**

19. (a) **8-15-43** (b) **J. J. Garrier**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **13** year **1943** hour **12** minute **P. M.**

21. I hereby certify that I attended the deceased from **Aug., 10**, 1943, to **Aug., 12, 43**, 19 that I last saw her alive on **August 12, 43**, 19 and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy** Duration

Due to **Arteriosclerosis**

Due to **Mostly age**

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

Major findings: Of operations **J3a**

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 **A. A. Reader** (M. D. or other)  
Address **Portageville, Mo.** Date signed **8/14/43**

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

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

2800

669  
128/43

1951 U.S. 5117

**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 L. M. Hill

Licensed Embalmer No. 2627

P. O. Address Lilbourn, 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, above space should be left blank.**