

3. No. 2  
M-2-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29578

State File No. \_\_\_\_\_

Registrar's No. 130

SFP 4/10/43  
Registration District No. 260

Primary Registration District No. 6225

1. PLACE OF DEATH:

(a) County Vernon  
(b) City or town Nevada Washington  
(c) Name of hospital or institution: State Hosp No 3  
(d) Length of stay: In hospital or institution one month 20 days  
In this community Barrett  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 5047 Wyandotte  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME CLARENCE-ABLE-GARRETT

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Ella Evans Bunker 6. (c) Age of husband or wife if alive, deceased deceased  
7. Birth date of deceased Aug 13 1864

8. AGE: Years 79 Months 0 Days 9 If less than one day - hr. - min.

9. Birthplace Clark County Indiana

10. Usual occupation formerly mine supt.

11. Industry or business none

12. Name Able Garrett

13. Birthplace Wales England

14. Maiden name Elizabeth Felker

15. Birthplace Bavaria Germany

16. (a) Informant Elizabeth Garrett

(b) Address 5047 Wyandotte K.C. Mo

17. (a) Removal (b) Date thereof Aug 23 1943

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Hay Funeral Service

(b) Address Nevada Mo

19. (a) 8-23-43 (b) Paul L Barone

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1943 hour 9 minute 45P M.

21. I hereby certify that I attended the deceased from July 2 1943 to Aug 22 1943 that I last saw him alive on Aug 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to 93d

Other conditions Generalized Arteriosclerosis and senility

Major findings: Of operations none performed

Of autopsy none performed

22. If death was due to external causes, fill in the following: No.

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature Paul L Barone (M.D. or other) \_\_\_\_\_

Address State Hosp No 3 Date signed Aug 22 1943

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

1331

(Licensed Embalmer's Statement on Reverse Side)

Nevada Mo

1943

