

NOV 10 1943 47

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 360

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(c) Name of hospital or institution: State Hospital #12
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Williamsburg
(If outside city or town limits, write "RURAL")
(d) Street No. RR # 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OCKERMAN GARRET T

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

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

6. (b) Name of husband or wife P.L.S. 6. (c) Age of husband or wife if alive P.L. years

7. Birth date of deceased June 19 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 4 12 hr. min.

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

10. Usual occupation Banker + merchant

11. Industry or business _____

12. Name P.L.S.

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

14. Maiden name OK

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

16. (a) Informant Mrs. O. Garrett

(b) Address Williamsburg, Mo.

17. (a) Buried (b) Date thereof 11-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Williamsburg, Mo.

18. (a) Signature of funeral director W. J. ...

(b) Address _____

19. (a) 10-31-1943 (b) John Morant
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1943 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from 10/28 1943, to Oct 31 1943, that I last saw him alive on Oct 31 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: terminal broncho-pneumonia (left lower lobe) Duration 4 days

Due to: auricular fibrillation 4 days

Due to: chronic myocarditis ?

Other conditions: generalized arterio-sclerosis

Major findings: Of operations _____ Of autopsy 92d

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) (c) Means of injury _____

23. Signature John J. Blasts (M. D. or other) _____
Address Fulton, Mo Date signed 10/31/43

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

MOTHER FATHER

14
1
2

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 on the 3rd
day of Oct 1943 , Registered Apprentice No.
working under my personal supervision.

Signed [Signature]
Licensed Embalmer No. 1484
P. O. Address Montgomery City

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.