

ED NOV 15 1943

State File No. _____

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 227

1. PLACE OF DEATH
(a) County Colo
(b) City or town Jefferson City
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Candlen
(c) City or town Stoutland, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Star Route
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Stella Elizabeth Garrett
3. (b) If veteran, name war _____
3. (c) Social security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 6th
year 1943 hour 4:45 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 4 1943 to Nov. 6 1943
that I last saw her alive on Nov. 6 1943
and that death occurred on the date and hour stated above.

4. Sex fe 5. Color of race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Walter Garrett
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. June 27 1909
(Month) (Day) (Year)

Immediate cause of death Chronic pulmonary tuberculosis Duration 5 yr.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 34 Months 4 Days 9
If less than one day hr. _____ min. _____

9. Birthplace Candlen Co Mo
(City, town, or county) (state or foreign country)

10. Usual occupation housewife

11. Industry or business _____

12. Name Frank Bookout

13. Birthplace Mo.
(City, town, or county) (state or foreign country)

14. Maiden name Mary A Sullivan
(City, town, or county) (state or foreign country)

15. Birthplace Mo.
(City, town, or county) (state or foreign country)

16. (a) Informant Walter Bookout
(b) Address Candlen, Mo

17. (a) Burial (b) Date thereof Nov. 9 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mountain View Cem.

18. (a) Signature of funeral director Benjamin Wooten
(b) Address Candlen, Mo

19. (a) 11-6-43 (b) Norma Dichter
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____
Of autopsy _____
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)
(a) Means of injury _____

23. Signature D. V. Gillham (M. D. or P. M. D.)
Address Jefferson City, Mo. Date signed 11-6-43

MOTHER FATHER

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

JAN 7 1944

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

Abbie Bankson Wooler

Licensed Embalmer No. *2488*

P. O. Address *Camden, N.J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.