

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:
616 Elmwood 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **30 yrs.** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **616 Elmwood**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Ollie Garrett**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2 divorced**

6. (b) Name of husband or wife **William A. Garrett** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 4 1862**
(Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **21** If less than one day _____ hr. _____ min.

9. Birthplace **White Hall Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

12. Name **Walter Taylor**

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

14. Maiden name **no record**

15. Birthplace **no record**
(City, town, or county) (State or foreign country)

16. (a) Informant **ms Emma Miers**
(b) Address **616 Denier**

17. (a) **burial** (b) Date thereof **1-27-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Denver Ill**

18. (a) Signature of funeral director **ms C. J. Parster**
(b) Address **St. Louis**

19. **Jan 26 1944** **J. J. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **25** year **1944** hour **10** minute **0** A. M.

21. I hereby certify that I attended the deceased from **Jan. 13** 19**44** to **Jan. 24** 19**44** that I last saw her alive on **Jan. 21** 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death: **Tobacco pneumonia** 4 days
 Due to **Cerebral apoplexy** 7 days
 Due to **Essential Hypertension** 3 yrs.

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 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?
 _____ (Specify type of place)

While at work? _____ (c) Means of injury _____

23. Signature **J. J. Brown** (M. D. or other) **MD**
Address **5902 N. John** Date signed **1/26/44**

Duration
4 days
7 days
3 yrs.

PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER

JAN 16 1945

Ch. 4062.
1st to 6:30 pm

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 Peniel C. Browning
Licensed Embalmer No. 2724
P. O. Address. N. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
: If this body is not embalmed, fact should be so stated above.