V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6077

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 562

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: 1412 Lydia, 2nd Floor
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 33 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1412 Lydia, 2nd Floor 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Estell Garrett

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Wm. H. Garrett

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased December (Month) 25 (Day) 1885 (Year)

8. AGE: Years 58 Months 1 Days 6 If less than one day hr. min.

9. Birthplace (City, town, or county) Louisiana 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant William H. Garrett
(b) Address 1412 Lydia

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/4/44 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 2-3-1944 (Date received local registrar) (b) F E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1944 hour 7:15 minute a. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw him alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Due to Ruptured Aortic Aneurysm

Due to N.M.O.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 96

Of autopsy See above

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature L. Richardson (M. D. or other)

Address 1832 Vine Date signed 2-2-44

361

(Licensed Embalmer's Statement on Reverse Side)

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. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 25031 Highland

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.