

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6867**
Registrar's No. **1**

FILED FEB 17 1949

Primary Registration District No. **5272**

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

1. PLACE OF DEATH:

(a) County **Christian**
(b) City or town **Billings - Rural - Pack**
(c) Name of hospital or institution: **/**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **60 yrs.** (Specify whether years, months or days)
In this community **60 yrs.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Christian**
(c) City or town **Billings Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural - Pack** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **John Richard Garbee**

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

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

6. (b) Name of husband or wife **Mary Etta** Age of husband or wife if alive **75** years

7. Birth date of deceased **May 11, 1864**
(Month) (Day) (Year)

8. AGE: Years **79** Months **7** Days **25** If less than one day hr. min.

9. Birthplace **Campbell County, Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Contractor & Builder**

11. Industry or business _____

12. Name **Henry Albert Garbee**

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

14. Maiden name **Lucy Jane Powell**

15. Birthplace **Lynchburg, Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Etta Mae Amsler**

(b) Address **Billings, Mo.**

17. (a) **Burial** (b) Date thereof **1/7/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rose Hill Cemetery**

18. (a) Signature of funeral director **A. S. Wallace**

(b) Address **Billings, Mo.**

19. (a) **Jan. 6-44** (b) **Mary J. Spear**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **5** year **1944** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **June 7, 1940** to **Jan 5, 1944**; that I last saw him alive on **Jan 4, 1944**; and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **2 wks**

Due to **arteriosclerotic hypertension heart disease** **unk**

Due to _____

Other conditions **930**
(Include pregnancy within 3 months of death)

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? _____

(Specify type of place) While at work? _____ (e) Means of injury **0**

23. Signature **Charles A. Lewis** (M. D. or other) **MD**

Address **Billings, Missouri** Date signed **1-6-44**

RECEIVED

District Health Officer No. 6.

District File No. 244-219

Date Filed FEB 15 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 me
....., Registered Apprentice No.....
working under my personal supervision.

Signed Wallace Funeral Home
C. J. Floyd
.....
Licensed Embalmer No. 5527

P. O. Address ~~303~~ Billings

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.