

Registration District No. 1875

Primary Registration District No. 3053

Registrar's No. 61

1. PLACE OF DEATH

(a) County Phelps  
(b) City or town Rolla  
(c) Name of hospital or institution: Nelle McFarland Memorial Hospital  
(d) Length of stay: In hospital or institution 27 days  
In this community yes 27 days

3. (a) PRINT FULL NAME

Virgie Garrett

(b) If veteran, name war ✓

(c) Social Security No. none

4. Sex Female 5. Color or race W  
6. (a) Single, widowed, divorced, married  
(b) Name of husband or wife General Forest Garrett  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased Sept 7, 1904

8. AGE: Years 38 Months 6 Days 17 min.

9. Birthplace Obine Co. Tenn.

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name William Woods  
13. Birthplace Geboon Co. Tenn.  
14. Maiden name Lanoue Carter  
15. Birthplace Lexington, Tenn.

16. (a) Informant William Woods

(b) Address East Prairie, Mo.

17. (a) Burial (b) Date thereof Mar. 26, 1944

(c) Place of burial or cremation Dogwood Cemetery

18. (a) Signature of general director Spavis Shelly

(b) Address East Prairie, Mo.

19. (a) 3-29-1944 (b) Ellis Carter

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi  
(c) City or town East Prairie  
(d) Street No. ....  
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24  
year 1944 hour 2 minute 45 M.

21. I hereby certify that I attended the deceased from Feb. 26, 1944 to March 24, 1944  
that I last saw her alive on March 24, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of the feet, of skin & back.

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 18

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) (e) Means of injury .....

23. Signature William Woods or other .....

Address Rolla, Mo. Date signed 3/24/44

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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



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**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 Lewis Shelby  
Licensed Embalmer No. 272  
P. O. Address East Prairie, Mo.

**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.**