

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 26 1944

Registration District No. 72

Primary Registration District No. 1000

Registrar's No. 483

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

1. PLACE OF DEATH

(a) County Buchanan Mo

(b) City or town St Joseph Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution from 1936
(Specify whether years, months or days)

In this community 1st May 1944

3. (a) PRINT FULL NAME HOLA GARR

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May 20 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>11</u>	<u>22</u>	hr. min.

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

10. Usual occupation Laborer

11. Industry or business forming

12. Name Mahan Carr

13. Birthplace Corne Co Ind
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Nelson

15. Birthplace Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Saunders

(b) Address Corning Mo

17. (a) Cr (Burial, cremation, or removal)

(b) Date thereof May 14 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Cr

18. (a) Signature of funeral director Wilbur L. Schuster

(b) Address Corning Mo

19. (a) 5/17/44 (Date received local registrar)

(b) Mrs Helen J. Piche (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Atchison II

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

(d) Street No.
(If rural, give location)

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

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
 year 1944 hour 8 minute 22 a.m.

21. I hereby certify that I attended the deceased from 1
 1944, to May 17 1944
 that I last saw him alive on May 11 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Epilepsy & Atchison

Due to 11/12

Other conditions 11/12
(Include pregnancy within 3 months of death)

Major findings:
 Of operations 11/12

Of autopsy 11/12

Duration

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)

(e) Means of injury

23. Signature L. S. Shuck (M. D. or other)

Address State Hospital # 2 Date signed

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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.....

Myself....., Registered Apprentice No.....
working under my personal supervision.

Signed *Wilbur L. Schooner*.....

Licensed Embalmer No. *3997*.....

P. O. Address *Craig, 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.