S. No. 2
M—8-43
5-17-39
I X37823

70
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0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1944

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4346

State File No. 18714

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Montgomery

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

(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 ..... (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 70

(a) State Missouri (b) County Montgomery 0

(c) City or town Montgomery 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Margie Belle Garrett

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Geo W. Garrett

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb 16 th 1906
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
38	3	2	hr. min.

9. Birthplace Williamsburg Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business .....

FATHER
12. Name Geo Ferguson
13. Birthplace Reform Mo 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Kemp
15. Birthplace Bachelor Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Geo W. Garrett
(b) Address Montgomery City Mo

17. (a) Burial (Burial, cremation, or removal), (b) Date thereof 5-21-44
(Month) (Day) (Year)
(c) Place: burial or cremation Williamsburg Mo Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) May 19-44 (Date received local registrar) (b) Mrs C. E. Vandaveer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 th
year 1944 hour 7 minute p M.

21. I hereby certify that I attended the deceased from May 18, 1944, to May 18, 1944; that I last saw her alive on May 18, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myocarditis	1 hr.
Due to: Cerebral Haemorrhage	1½ hr.
Due to:	
Other conditions — (Include pregnancy within 3 months of death)	

93a

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 .....

23. Signature James O. Helm (M. D. or other) 0
Address New Florence Mo. Date signed 5-20-44

106 0 (Licensed Embalmer's Statement on Reverse Side)

JUN 22 1944

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 6-8-44

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~~ on the I8 th day of May I944, Registered Apprentice No.,
working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.