

FILED JUN 23 1944

Registration District No.

Primary Registration District No. 5575-

Registrar's No. 29

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural "Washington Township"  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1 1/2 mi. South Hickman Mills  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 (Specify whether  
 years, months or days)  
 In this community 3 years

3. (a) PRINT FULL NAME Ruby Margaret Garrett3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife George C. Garrett 6. (c) Age of husband or wife if alive            years7. Birth date of deceased July 28, 1876  
(Month) (Day) (Year)8. AGE: Years 67 Months 9 Days 28 If less than one day  
hr. min.9. Birthplace St. Clair Co., Mo. (City, town, or county) (State or foreign country)10. Usual occupation at home

11. Industry or business

MOTHER FATHER  
 { 12. Name Christopher Huffaker  
 { 13. Birthplace Clay Co. Mo. (City, town, or county) (State or foreign country)  
 { 14. Maiden name Fannie Gleason  
 { 15. Birthplace Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. J. B. Stewart(b) Address Hickman Mills, Mo.17. (a) Burial (b) Date thereof May 27 '44  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Holt, Mo.18. (a) Signature of funeral director R. B. Seaman & Son  
(b) Address Seaman & Son19. (a) May 5 - 44 (b) Dr. Anne C. Hedges  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Hickman Mills, Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1 1/2 mi. south  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.            years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1944 hour 11 minute 30 a.m.21. I hereby certify that I attended the deceased from  
May 21, 1944 to May 26, 1944  
and that I last saw her alive on May 26, 1944  
and that death occurred on the date and hour stated above.Immediate cause of death Coronary Thrombosis DurationDue to arteriosclerosis

Due to

Other conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 94a

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?

While at work? (Specify type of place) (e) Means of injury  
 23. Signature R. J. West (M. D. or other) P. I. O.  
 Address Highway, Rt. 471, Highway, RFD #1, Hickman Mills, Missouri Date signed 5/27/44

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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 G. K. George  
Licensed Embalmer No. 3645  
P. O. Address Grandview 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, above space should be left blank.**