

FILED JUL 20 1944

Registration District No. 174

Primary Registration District No. 5066

State File No.

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Rural Southwest Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #1, Opolis, Kansas (Mo. Side)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 1/2 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
(c) City or town Opolis, Kansas R.F.D.
(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. D

3. (a) PRINT FULL NAME Mary Ann Garretson

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife. Fristine M. Garretson 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. July 16, 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 10 20 hr. min.

9. Birthplace. X Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

MOTHER FATHER

12. Name Elisha Alumbaugh

13. Birthplace. X Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name Vena Guthry

15. Birthplace. X Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant. Miss Edna G. Garretson

(b) Address Route #1, Opolis, Kansas

17. (a) Burial (b) Date thereof 6-9-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Reeds Cemetery

18. (a) Signature of funeral director. Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) June 7-1944 (b) Blanche Sechitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 5th day
year 1944 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;
that I last saw h..... alive on 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death. Black Thrombosis
occlusion

Due to
Due to

Other conditions. 9/4
(Include pregnancy within 3 months of death)

Major findings: 9/4
Of operations
Of autopsy

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 Raymond D. ... (M.D. or other)
Address Date signed 6/5/44

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

100 D

RECEIVED

District Health Officer No. 6,
District File Number 744-830
Date Filed JUL 13 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. Edellmer*
Licensed Embalmer No. *2222*
P. O. Address *Carthage*

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.