V. S. No. 2
00M—8-43
ev. 5-17-39
P I X3781

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26820

FILED AUG 23 1944

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3271

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatley Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)
In this community 6 mo.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3803 Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jessie Mae Garnett
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Fe
5. Color or race col
6. (a) Single, widowed, married, divorced mar.
6. (b) Name of husband or wife James H Garnett
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Dec 14 ~~1885~~ 1884 (Month) (Day) (Year)
8. AGE: Years 59 Months 7 Days 24 If less than one day hr. min.
9. Birthplace Nickerson Kans. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Hamilton Harvey
13. Birthplace Kans (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name George Allen
15. Birthplace Unk (City, town, or county) (State or foreign country)
16. (a) Informant James Garnett
(b) Address 3803 Main St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 10 (Month) (Day) (Year)
(c) Place: burial or cremation Wellington Kans
18. (a) Signature of funeral director Watkins Bros Undt
(b) Address 1729 Lydia
19. (a) 8-9-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 8 year 1944 hour 12 am minute M
21. I hereby certify that I attended the deceased from Aug 5, 1944, to Aug 8, 1944, that I last saw her alive on Aug 7, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Gangrenous Obliterans	
Due to Arteriosclerosis	
Due to Gangrene of leg	
Other conditions (Include pregnancy within 3 months of death) 99.2	
Major findings: Of operations Amputation of leg	
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 [illegible] (M. D. or other)
Address 161 [illegible] Date signed 8/9/44

361 (Licensed Embalmer's Statement on Reverse Side)

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 D. J. Marlowe

Licensed Embalmer No. 3994

P. O. Address 253 Highland

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.