

FILED SEP 9 1944

Registration District No. 59

Primary Registration District No. 4092

Registrar's No. 134

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

1. PLACE OF DEATH:

(a) County Cass

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 65yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Cass

(c) City or town Archie Mo.
(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.....

3. (a) PRINT FULL NAME Myrtle Ardell Garland

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6
year 1944 hour 2 o'clock minute..... M.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Chas. Garland 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Nov (Month) 21st (Day) 1867 (Year)

21. I hereby certify that I attended the deceased from Aug 5 1944 to Aug 6 1944, 19...
that I last saw h... or alive on Aug 6, 1944, 19...
and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 8 Days 15 If less than one day hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 2 da

9. Birthplace Muskegon Mich.
House wife (State or foreign country)

Due to Hypertension

10. Usual occupation.....

Due to.....

11. Industry or business.....

12. Name Henry L. Waters

13. Birthplace Eria Penn. (State or foreign country)

14. Maiden name Eovicy Colter

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

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Rex. Garland

(b) Address Archie Mo.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Burial (Burial, cremation, or removal): (b) Date thereof Aug. 10th. (Month) (Day) (Year) 1944

(c) Place: burial or cremation Crescent Hill

(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?.....

18. (a) Signature of funeral director Margaret Tolle

(b) Address Archie Mo.

19. (a) Aug 31, 1944 (Date received local registrar) (b) Margaret Tolle (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury Q

23. Signature Bois Hatwell M.D. Address D Date signed.....

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

Signed Floyd Atkinson
Licensed Embalmer No. 3990
P.O. Address Farringtonville

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.