

FILED SEP 10 1944

Registration District No. 164

Primary Registration District No. 5601

Registrar's No. 92

1. PLACE OF DEATH:

(a) County **Johnson**

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

(c) Name of hospital or institution:  
**RFD. #3 Warrensburg, Mo.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no**  
(Specify whether)

In this community **50 Yrs**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**

(c) City or town **RFD. 3 Warrensburg, Rural**  
(If outside city or town limits, write "RURAL")

(d) Street No. **RFD 3 Warrensburg,**  
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **Clarence Clayton Garvey**

3. (b) If veteran, name war **no**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **29**  
year **1944** hour **7** minute **30 A.M.**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lillian Garvey**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **Oct. 20 1887**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 29** 1944 to **Aug 29** 1944  
that I last saw him alive on **Aug 29** 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Thrombosis** Duration **2 hrs.**

8. AGE: Years Months Days If less than one day

**56 18 9** hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

9. Birthplace **Leeton Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **John M. Garvey**

13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Rebecca Dillsaver**

15. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Clarence Garvey**

(b) Address **Warrensburg, Mo.**

17. (a) **Burial** (b) Date thereof **8-31-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Hill**

18. (e) Signature of funeral director **Sweeney Phillips**  
**Warrensburg, Mo.**

(b) Address

19. (a) **Aug 30 1944** (b) **Lesla M. Williams**  
(Date received local registrar) (Registrar's signature)

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 **W. J. Williams M.D.** (M. D. or other)

Address **Warrensburg Mo.** Date signed **8-30-44**

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

MOTHER FATHER

MAR - 8 1945

**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..... *J. Earl Priest*.....  
Licensed Embalmer No. **3878**.....  
P. O. Address **Warrensburg, 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.**