

S. No. 2
M-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33893
State File No.

FILED NOV 10 1944

Registration District No. 50

Primary Registration District No. 3010

Registrar's No. 327

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1408 Rose St. 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 20 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. 1408 Rose St. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR R. GARRETT

3. (b) If veteran, name war no
3. (c) Social Security No. 491-07-3268

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Cora Garrett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 5 1904
(Month) (Day) (Year)

8. AGE: Years 39 Months 10 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Advance, Mo. 0
(City, town or county) (State or foreign country)

10. Usual occupation Barber

11. Industry or business Retired

12. Name Marion Garrett

13. Birthplace Casey, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Shirley Mallette

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

16. (a) Informant Mrs. Cora Garrett
(b) Address Cape Girardeau - Mo

17. (a) Burial (b) Date thereof Oct. 6 - 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Walthers and Co.
(b) Address Cape Girardeau - Mo

19. (a) 0-9-44 (b) F. W. Phelps
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 4 year 1944 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from 8-24 1944 to 9-3 1944 that I last saw him live on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Massive pulmonary hemorrhage
Due to _____
Due to pulmonary tuberculosis
Other conditions (with caution)
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓ 13 h

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 W. J. Jackson (M. D. or other) Phys
Address Jackson, Mo Date signed 10-7-44

Duration
Physician
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4

File Number 144-4532

Date filed 11-7-44

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

Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address *Cape Girardeau*

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.