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M-8-43  
7-5-17-39  
1 X37823

35535

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED NOV 8 1944  
Registration District No. 300

Primary Registration District No. 6225

Registrar's No. 172

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

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution State Hosp No 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 2 mo 22 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Marionville  
(If outside city or town limits, write "RURAL")

(d) Street No. Methodist Home for Aged  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NELLIE-E-GARBER

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female 5. Color or race wh.

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Alonzo Garber 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Nov 15 1868  
(Month) (Day) (Year)

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

75 11 4 - yr. - min.

9. Birthplace unknown Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation formerly housewife

11. Industry or business none

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Records State Hosp

(b) Address Nevada Mo

17. (a) removed (b) Date thereof 10 19 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sidolia

18. (a) Signature of funeral director Ray C. King

(b) Address New Orleans

19. (a) 10-19-44 (b) Hazel B. Bewick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19  
year 1944 hour: 4 minute: P M.

21. I hereby certify that I attended the deceased from July 27 1944 to Oct 19 1944  
that I last saw her alive on Oct 19 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative Myocarditis

Due to Arteriosclerosis

Other conditions Senile Dementia  
(Include pregnancy within 3 months of death)

Major findings: no operation

Of operations \_\_\_\_\_

Of autopsy no 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: No

(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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature Paul L. Barne (M. D. or other) \_\_\_\_\_

Address State Hosp No 3 Date signed Oct 19

1331

(Licensed Embalmer's Statement on Reverse Side)

Nevada Mo

1944

RECEIVED

DI. 10-11-44

DI. 10-11-44

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 me

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

Signed R B Terry

Licensed Embalmer No. 1760

P. O. Address Hevoda 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.