. S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1944

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 37766

Registrar's No. 940

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 6 hours (Specify whether
In this community ✓
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harley James Garrett

3. (b) If veteran, name war no

3. (c) Social Security No. 448-03-4080

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Anna May Day Prilliman

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

7. Birth date of deceased March (Month) 18 (Day) 1908 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	36	8	11	hr. min.

9. Birthplace Greene County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Shops Frisco R.R. Co.

FATHER
12. Name Manuel H. Garrett
13. Birthplace UNK. (City, town, or county) Georgia (State or foreign country)

MOTHER
14. Maiden name Stella Choate
15. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Manuel H. Garrett
(b) Address Walnut Grove, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-1-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Pleasant Cemetry

18. (a) Signature of funeral director Gerald Bow
(b) Address Walnut Grove, Mo.

19. (a) 12-7-1944 (Date received local registrar) (b) Dr W. E. Hardly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 29 year 1944 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Nov. 29 5:45 am, 1944, to Nov. 29, 1944; that I last saw him alive on Nov. 29, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Burns of entire body — Duration 5 hrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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) Accident
(b) Date of occurrence November 29 1944
(c) Where did injury occur? Walnut Grove (City or town) Greene (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home — starting fire with coal oil on farm. (Specify type of place)
While at work? no (e) Means of injury Burns

23. Signature Robert Glynn (M. D. or other) MD
Address Springfield, Missouri Date signed 12/1/1944

98

(Licensed Embalmer's Statement on Reverse Side)

DEC 27 1944

JAN 6 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.....

Licensed Embalmer No.....

P. O. Address.....

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.