

S. No. 2  
M-8-43  
5-17-39  
I X37823

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38449**  
Registrar's No. **178**

**FULL Dec 13, 1944**  
Registration District No. **2**

Primary Registration District No. **3048**

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

1. PLACE OF DEATH:

(a) County **Nodaway**

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

(c) Name of hospital or institution:  
**1424 N. Mulberry St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **15 years** (Specify whether years, months or days)

In this community **15 years**

3. (a) PRINT FULL NAME **Cora Etta Garrett**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security **none**

4. Sex **female**

5. Color or race **white**

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

6. (b) Name of husband or wife **Charles L. Garrett**

6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **March 15 1869**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **23**

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **housewife**

11. Industry or business \_\_\_\_\_

12. Name **Jacob Evans**

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

14. Maiden name **Sarah Moore**

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

16. (a) Informant **Roland Garrett**

(b) Address **Maryville, Missouri**

17. (a) **burial** (Burial, cremation, or removal)

(b) Date thereof **11-10-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill cemetery**

18. (a) Signature of funeral director **Price Funeral Home**

(b) Address **Maryville Mo**

19. (a) **11-20-44** (Date received local registrar)

(b) **Amy Barber** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway** **74**

(c) City or town **Maryville**  
(If outside city or town limits, write "RURAL") **2**

(d) Street No. **1424 N. Mulberry St.**  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **8**  
year **1944** hour **5** minute **45** P.M.

21. I hereby certify that I attended the deceased from **Aug 4**, 19**44** to **Nov 8**, 19**44**

that I last saw her alive on **Nov 8**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Malnutrition**

**Arterial Sclerosis**

**Senescent Degenerative Atrophy**

Due to **Atherosclerosis**

**Hypertension**

Due to **Chronic Nephritis**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **93d**

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) \_\_\_\_\_

(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.P. Jackson** (M. D. or other)

Address **Maryville, Mo** Date signed **11-10-44**

**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..... *John W. Price* ..

Licensed Embalmer No. *3229*

P. O. Address..... *Maryville 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.**