S. No. 2
M—8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40772

Registration District No. 47 Primary Registration District No. 4068 Registrar's No. 424

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

14
0
0

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Mokane
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution Lifetime (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Callaway 14
(c) City or town Mokane 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BENJAMIN RAYMOND GARRETT
3. (b) If veteran, name war No
3. (c) Social Security No. 500;18;0703
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Altha Bowman Garrett
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June (Month) 21 (Day) 1881 (Year)

8. AGE: Years 63 Months 6 Days 6 If less than one day hr. min.
9. Birthplace Hams Prairie (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Fireman at Veneer Factory
11. Industry or business Mokane Mo
MOTHER FATHER
12. Name Benjamin Garrett 0
13. Birthplace Reform (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Mary Jane Taylor 0
15. Birthplace Reform (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs B. R. Garrett
(b) Address Mokane, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/29/44 (Month) (Day) (Year)
(c) Place: burial or cremation Hams Prairie, Cem.
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address Fulton, Mo. D. L. Browning Mgr.
19. (a) 12-29-1944 (Date received local registrar) (b) Josie Moravek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 27 year 1944 hour 10 minute 5 A.M.
21. I hereby certify that I attended the deceased from 12-13, 1944 to 12-27, 1944 that I last saw him alive on 12-27, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Coronary Artery or Neck
Due to Coronary Heart attack
Due to of Influenza
Other conditions Nephritis (acute)
(Include pregnancy within 3 months of death)
Major findings:
Of operations 7 8
Of autopsy 20

Duration

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. D. Payne 0 (M. D. or other)
Address R # 6 Fulton Date signed 12-27-44

1147

(Licensed Embalmer's Statement on Reverse Side)

JAN 17 1945

RECEIVED
District Health Officer No. 0,
District File Number.....
Date Filed 1-13-45

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 Denzil C. Browning

Licensed Embalmer No. 8724

P. O. Address Fulton 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.