

S. No. 2
M-5-42
7-5-17-39
X32873

Dr. Horst

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41146**

FILED JAN 10 1945

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **957**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. John's Hosp.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 Days** (Specify whether years, months or days)
In this community **90 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **589 E. Elm**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William L. Garrett**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Annie Garrett** 6. (c) Age of husband or wife if alive **UNK** years
7. Birth date of deceased **Feb. 17, 1854**
(Month) (Day) (Year)

8. AGE: Years **90** Months **10** Days **5** If less than one day hr. min.

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

10. Usual occupation **Retired**

11. Industry or business **Banker**

MOTHER FATHER
12. Name **W.J. Garrett**
13. Birthplace **UNK, Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Lucy Stamps**
15. Birthplace **UNK, Virginia**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anne Garrett**
(b) Address **Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **12/24/44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Eastlawn**
(d) Signature of funeral director **H.H. Lohmeyer**

(e) Address **Springfield, Mo.**
(f) Signature **B. N. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **22** year **1944** hour **11:00** minute **0** P. M.

21. I hereby certify that I attended the deceased from **Jan 1937** to **Dec 22 1944** that I last saw him alive on **Dec 22 1944** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia** Duration **4 days**

Due to **107**

Other conditions **Pernicious anemia 2 years**
Arteriosclerosis severe years

Major findings: Of operations
Of autopsy

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?

(Specify type of place) While at work? (e) Means of injury
23. Signature **O.C. Horst M.D.** (M. D. or other)
Address **430 South St** Date signed **12/23/44**

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

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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.