

FILED JAN 15 1945

Registration District No. 169

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4268

11423

State File No.

Registrar's No. 240

1. PLACE OF DEATH:

(a) County KNOX
(b) City or town Edina
(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 _____ (Specify whether)
In this community 22 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox 52
(c) City or town Edina 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME William Oliver Garrett

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

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Myrtle Strait Garrett 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July - 3 - 1893.
(Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 25 If less than one day hr. _____ min. _____

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

10. Usual occupation Section Foreman

11. Industry or business Railroad

MOTHER FATHER { 12. Name Ruben T. Garrett 0
13. Birthplace Kirksville Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Burgett
15. Birthplace GreenCastle Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. O. Garrett
(b) Address Edina Mo.

17. (a) Burial (b) Date thereof Dec-30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Linville, Edina, Mo.

18. (a) Signature of funeral director Keith Hudson
(b) Address Edina, Missouri

19. (a) 1-9-45 (b) Nell Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28
year 1944 hour 5.00 minute _____ A. M.

21. I hereby certify that I attended the deceased from 11-26, 1941, to 12-28, 1944
and that death occurred on the date and hour stated above. 12-27, 1944
that I last saw him alive on _____

Immediate cause of death _____ Duration _____
Absence of liver & dependent 2 mos.
falling by support of breath
Due to myoprotrophic cirrhosis 11/16 1941
Liver &
Due to Prostatitis 1-7-44

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1246
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 2
23. Signature Fredrick S. Schmitt (M.D. or other) MD
Address Edina Mo. Date signed 12-30-

1142

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

RECEIVED

District Health Officer No. 10

District File Number 1-45-787

Date Filed JAN 12 1948

MAR 18 1948

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 *Keith Hudson*

Licensed Embalmer No. *2415*

P. O. Address *Edina, Missouri*

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.