V. S. No. 2
.00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23755

FILED AUG 4 1945

Registration District No. 1 Primary Registration District No. 3012 Registrar's No. 92

24 1 1

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 8 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 523 Grand Ave. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Charles C. Garrett
3. (b) If veteran, name war World War I
3. (c) Social Security No. Yes, not remembered
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 6 (Day) 1892 (Year)
8. AGE: Years 53 Months 4 Days 7 If less than one day hr. min.
9. Birthplace Butler, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farming
FATHER
12. Name Robert Garrett
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Anna Alphia
15. Birthplace Monroe County (City, town, or county) Missouri 1 (State or foreign country)
16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-15-45 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth, Kansas
18. (a) Signature of funeral director Herbert Hope
HERBERT HOPE
(b) Address Excelsior Springs, Mo.
19. (a) 7-15-45 (Date received local registrar) (b) Mrs Sadie Pedman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1945 hour 6:25 minute P. M.
21. I hereby certify that I attended the deceased from July 6, 1945 to July 13, 1945 that I last saw him alive on July 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Tuberculosis, pulmonary, chronic unknown
far advanced, active, severe
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As shown above

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Ernest M. Tapp (M. D. or other) M.D.
ERNEST M. TAPP
Address Veterans Administration Date signed 7-14-45

1166

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 8/3/45

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 James A. Moles

Licensed Embalmer No. 3296

P. O. Address Ex Springs 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.