

FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH
State of ~~Oklahoma~~ MISSOURI.

27621
State File No. _____
Registrar's No. _____

1 PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin, Mo.
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla. (b) County Ottawa
(c) City or town Cardin
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give location) _____
(e) Citizen of foreign country? _____
If yes, name country _____

3(a) FULL NAME Esther Elsie Garner

3 (b) If veteran, name war _____ 3 (c) Social Security No. _____
4. Sex F / race W 5. Color or _____
6 (a) Single, widowed, married, divorced. Widow
6 (b) Name of husband or wife. _____ 6 (c) Age of husband or wife, if alive _____ years.

7. Birth date of deceased May 28 1907
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 3 11 hr. min.

9. Birthplace Hatchinson, Kansas.
(City, town, or country) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business _____

12. Name Leonard T. Jeffery

13. Birthplace Devenshire, England
(City, town, or country) (State or foreign country)

14. Maiden name Charlotte Attwell

15. Birthplace Boston, Mass.
(City, town, or country) (State or foreign country)

16. (a) Informant's own signature Leonard T. Jeffery
(b) Address San Pablo, Calif.

17 (a) Removal. (b) Date thereof 8-12-1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Baxter Spgs, Kan
Was body embalmed? Yes X No _____
Signature of embalmer [Signature]

18. (a) Signature of funeral director [Signature]
(b) Address 200 S. Francis St.
19 (a) 8-14-45 (b) [Signature] Richer, Ok
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. Date of death: Month Aug. day 9
year 1945 hour 3-P.M. minute. 05

21. I hereby certify that I attended the deceased from July 3 1945 to Aug 9 1945
that I last saw her alive on Aug 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death general septicemia
Due to Septic abortion

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

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? _____
While at work? _____

19. Signature [Signature] (M.D. or other) _____
Address Joplin Mo Date signed 8-11-45

Duration
over 15 mo
2
over 12 mo
2
PHYSICIAN
Underline the cause to which death should be charged statistically.

FATHER
MOTHER

45-8-698

JUN 4 1958