

FILED SEP 16 1945

Registration District No. 157

Primary Registration District No. 6293

Registrar's No. 152

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

1. PLACE OF DEATH:
 (a) County Jasper
 (b) City or town Sherridan Twp
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jasper Mo R.R. 11
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 13 mo
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jasper
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. Jasper Mo R.R. 11
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Dennis Wayne Garrett
 3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 17
 year 1945 hour 11:30 minute 7 A. M.

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 25 1944
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ '19
 that I last saw him alive on _____ '19
 and that death occurred on the date and hour stated above
 Immediate cause of death Ran over by
Dee truck and
crushed, paralyzed
Due to front of truck and
spoke was in way
of
trucks, and
Other conditions
includes
 Duration _____

8. AGE: Years 1 Months 1 Days 12 If less than one day hr. _____ min. _____
 9. Birthplace Jasper Co Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation None

Major findings of operation Internal Bleeding
and crushed skull
 Of autopsy No
 Underline the parts to which the death could be charged statistically.

MOTHER FATHER {
 11. Industry or business _____
 12. Name Lyle Garrett
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Barbara Chambers
 15. Birthplace Okla
 (City, town, or county) (State or foreign country)
 16. (a) Informant Lyle Garrett
 (b) Address Jasper Mo
 17. (a) Burial (b) Date thereof 8-9-45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation 7007 Ave. Pasha
 18. (a) Signature of funeral director Chas. F. Teeter
 (b) Address Jasper Mo
 19. (a) Aug. 9 1945 (b) Elizabeth Couplin
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 49
 (b) Date of occurrence 8-17-45
 (c) Where did injury occur? Jasper Jasper Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
on farm
 (Specify type of place) Dee truck
 While at work? No (e) Means of injury Ran over
 23. Signature W. C. Berghel (M. D. or other) Phys
 Address 2114 Jasper Date signed 8/17/45

1203

45-8-723

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 Emmal R. Neely
Licensed Embalmer No. 39
P. O. Address Carthage

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.