

FILED SEP 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. 30747

Registration District No. 157

Primary Registration District No. 3028

Registrar's No. 156

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 hrs.
In this community 36 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3, Carthage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis Alcen Garrett

3. (b) If veteran, name war No
3. (c) Social Security No None

4. Sex Male 6 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Minnie Garrett
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased May 27 1878
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 19
If less than one day hr. min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business None

12. Name Huston Garrett
13. Birthplace Unknown Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Frances Neidelfer
15. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Minnie Garrett

(b) Address Route 3, Carthage, Mo.

17. (a) Burial (b) Date thereof 8/19/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dudman Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Aug 17 1945 (b) Elizabeth Crepton (c) Registrar's signature (d) Address Carthage, Mo. (e) Date signed 8-17-45
(Date received local registrar) (M. D. or other) (Date signed)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1945 hour 12 minute 45 a.m.

21. I hereby certify that I attended the deceased from 8-15 1945 to 8-16 1945
that I last saw him alive on 8-15 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage 8 hrs
Due to: Hypertension
Atherosclerosis

Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: 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
23. Signature: (M. D. or other) Address: Date signed

1203

45-8-715

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.....

Frank W. Kuehl Jr.

Registered Apprentice No. *379*

working under my personal supervision.

Signed *Tom L. Kuehl*

Licensed Embalmer No. *391*

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.