. S. No. 2
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ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33170

FILED NOV 10 1945

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1162

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11
(c) City or town Rural #2, 0
(If outside city or town limits, write "RURAL")
(d) Street No. Easton 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles Hugh Garreth

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah M. Garreth

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased October (Month) 5 (Day) 1876 (Year)

8. AGE: Years 69 Months 0 Days 22 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Zake Garreth
13. Birthplace Pittsburg (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Mary Ann Deegan
15. Birthplace Pittsburg (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Sarah M. Garreth
(b) Address R.R.#2, Easton, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/30/1945 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon St., St. Joseph, Missouri.

19. (a) Nov. 2, 1945 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th.
year 1945 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct 1/45, 19 , to Oc 27, 1945
that I last saw him alive on Oc 27, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Uraemic Coma — Duration 1 day

Due to Chronic nephritis Mitral insufficiency

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 825 Charles Date signed Oc 27/45

1428

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.