7. S. No. 2
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ev. 5-17-39
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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

33910

State File No.

FILED OCT 23 1945

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 243

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Independence Sanitarium 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Wks (Specify whether years, months or days)
In this community

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. 114 S. White 8
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jake M. Garnett
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex M 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara Etta Garnett
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased April (Month) 13, (Day) 1883 (Year)
8. AGE: Years 62 Months 4 Days 19 If less than one day hr. min.
9. Birthplace Fort Worth, (City, town, or county) Texas 1 (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name Andrew T. Garnett
13. Birthplace Kentucky 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Anna Margaret Hall
15. Birthplace Tennessee 1 (City, town, or county) (State or foreign country)
16. (a) Informant Miss Charlene Garnett
(b) Address Odessa, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo. Cemetery
18. (a) Signature of funeral director Husman-Sparks
(b) Address Odessa, Mo.
19. (a) 9-4-45 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1945 hour 7 minute 10 A.M.
21. I hereby certify that I attended the deceased from June 1 14, 1944, to Sept 2, 1945, that I last saw him alive on Sept 2, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary heart disease	3 mo.
Due to Bundle Branch Block	
Due to Myocardial Damage	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 C H Allen (M. D. or other)
Address Independence, Mo. Date signed 9-4-45

(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 W. T. Sparks, Registered Apprentice No. 385, working under my personal supervision.

Signed Irving E. Husman

Licensed Embalmer No. 2541

P. O. Address Odessa 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.