S. No. 2
M—8-43
v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40950

FILED JAN 14 1946

Registration District No. 73 Primary Registration District No. 3015 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 60 yo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25
(c) City or town Cameron /
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Thomas Garnant
3. (b) If veteran, name war
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 25 (Day) 1875 (Year)

8. AGE: Years 70 Months 0 Days 5 If less than one day hr. min.

9. Birthplace Monroe (City, town, or county) Iowa (State or foreign country) /
10. Usual occupation Carpenter
11. Industry or business Carpentering
FATHER
12. Name George Garnant /
13. Birthplace unknown (City, town, or county) Iowa (State or foreign country) /
MOTHER
14. Maiden name Emily Simpson
15. Birthplace (City, town, or county) Iowa (State or foreign country) /
16. (a) Informant Miss Lillie Curtis
(b) Address Cameron Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron Mo.
18. (a) Signature of funeral director DeMoss Crank
(b) Address Cameron Mo.
19. (a) 12-1-45 (Date received local registrar) (b) Mrs Roy Bridgewater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30 year 1945 hour 9 minute 00 P.M.
21. I hereby certify that I attended the deceased from Nov 1, 1945 2, 19..., to Nov 30, 1945 that I last saw him alive on Nov 30, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	5 days
Due to Arteriosclerosis, generalized	
Due to	
Other conditions (Include pregnancy within 3 months of death) Hypertensive Heart Disease	
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 Cameron Mo. Date signed 1 Dec 45

1435

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number _____
Date Filed _____

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 Lee Moss Crank

Licensed Embalmer No. 2533

P. O. Address Cameron 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.