S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

or macy 42563

State File No.

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 201

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 35 High St 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 27 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 35 High St 2
(If rural, give location)
(e) Citizen of foreign country? no 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FLORENCE SUSAN GARRETT
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fe 1
5. Color or race W
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Estil Floy Garrett
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased June - 24 - 1896 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	6	4	hr. min.

9. Birthplace Carroll Co. (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Charles Finley
13. Birthplace (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Alice Johnson
15. Birthplace (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Estil F. Garrett
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-1945 (Month) (Day) (Year)
(c) Place: Burial or cremation High Hill Cemetery Saline Co Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 12/31/45 (Date received local registrar) (b) Mrs T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1945 hour 10 minute 00 P M.
21. I hereby certify that I attended the deceased from Oct 8-1945, 19 to Dec 28, 1945
that I last saw her alive on Dec 28, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma Uterus, Vagina	
Due to	
Due to	
Other conditions Hemorrhage (Include pregnancy within 3 months of death)	
Major findings: Of operations 48 h	
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 E C Macy 2 (M. D. or other) DO
Address Marshall Mo Date signed Dec 31 45

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-11-46

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 Harry Hershberger
Licensed Embalmer No. 4357
P. O. Address Marshall 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.