

FILED MAY 6 1948

Registration District No. _____

Primary Registration District No. 5306

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Cole County - Marion
(b) City or town 7 mi north of Centertown, Mo
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi north of Centertown
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LEADORE AGNES GARNETT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased July 23 1862
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Moniteau Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name Jessie B. Langan

13. Birthplace Ky.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Brown

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Carl Garnett

(b) Address 4049 W. Washington

17. (a) Burial (b) Date thereof 4-17-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garnett family cem.

18. (a) Signature of funeral director Hugh E. Williamson

(b) Address California, Mo.

19. (a) Apr. 17 (b) Mrs. Minnie Ketterman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1946 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from July 3
1942 to April 15 1946.
that I last saw h.e.r. alive on April 13 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 years

Due to Generalized arterio-sclerosis 15 years.

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 938
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) _____
Means of injury M.D.

23. Signature Kenyon Latham (M. D. or other) _____
Address California, Mo. Date signed 4-17-46

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-3-46

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 Hugh E. Hellman

Licensed Embalmer No. 3537

P. O. Address California 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.