

S. No. 2
I-8-43
5-17-39
D I X37623

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16304 J

State File No. _____

FILED MAY 27 1946
Registration District No. _____

Primary Registration District No. ~~XXXX~~ 2000

Registrar's No. 420

1. PLACE OF DEATH:
 (a) County Greene
 (b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
SPFD. Baptist Hospital
(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 Greene 39
 (c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 723 State 6
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Infant son of Mr. & Mrs. W. E. Garfit
 3. (b) If veteran, name war NONE
 3. (c) Social Security No. NONE

20. DATE OF DEATH: Month May day 14
 year 1946 hour 04 minute 15 P.M.
 21. I hereby certify that I attended the deceased from 2:15 P.M.
14 May, 1946, to 4:15 P.M., 1946;
 that I last saw him alive on 14 May, 1946;
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced INFANT
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased St. May 14 - 1946
(Month) (Day) (Year)

Immediate cause of death
Prematurity
20 weeks gestation
 Due to Spontaneous miscarriage
 Due to _____
 Other conditions None
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
0 0 0 2 hr. 0 min.
 9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation INFANT

Major findings:
 Of operations 159
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 MOTHER FATHER { 12. Name William E. Garfit
 13. Birthplace Ft. Scott, Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Ruth P. Amesser
 15. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)
 16. (a) Informant William E. Garfit
 (b) Address 723 State St., SPFD., Mo.
 17. (a) Burial (b) Date thereof May 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenlawn Cemetery
ALMA LOHMEYER FUNERAL HOME
 18. (a) Signature of funeral director _____
 (b) Address 534 St. Louis St., Springfield, Mo.
 19. (a) 5-16-46 (b) Dr. W. S. Handley
(Date received local registrar) (Registrar's signature)

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 0
 23. Signature Chas. White (M. D. or other) M.D.
 Address Woods of Pkwy., Springfield, Mo. Date signed 16 May 46

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

2141

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 *Frank Grable*

Licensed Embalmer No. *4140*

P. O. Address *Springfield, 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.

X