

FILED JUN 12 1946

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 447

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

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Springfield Baptist Hosp. 1
(If 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

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 2023 North Newton
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME GEORGE HOWARD GARTON

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 1946 hour 8.7 minute 59 M.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs Helen Garton

6. (c) Age of husband or wife if alive UNK. years

7. Birth date of deceased February 16, 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 22
1946 to May 23 1946
that I last saw him alive on May 23 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

45 3 7 hr. min.

Immediate cause of death Wrench of spleen & left lung

Due to.....

Due to.....

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant Police

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 160

Of autopsy.....

11. Industry or business

MOTHER FATHER { 12. Name Walter Garton

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

14. Maiden name Wanda Owen

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Helen Garton (wife)

(b) Address 534 N. Lewis 2023 No. Newton

17. (a) Burial (b) Date thereof May 26 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Lawn Cemetery

18. (a) Signature of funeral director Wm. J. Schaefer & Son

(b) Address 534 N. Lewis, Springfield, Mo.

19. (a) 6-5-46 (b) B. W. Standley
(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) Homicide

(b) Spfld, Mo. MAY 23 - 1946

(c) Where did injury occur SPRINGFIELD Greene Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
IN Public Place - MO. DANIEL ST.
While at work? NO (Specify type of place) (c) Means of injury Barricade

23. Signature Walter Garton (M. D. or other)
Address Springfield Mo. Date signed 6-5-46

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..... *L. A. Raaf*

Licensed Embalmer No. *3044*

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.