

**FILED** JUL 22 1946

Registration District No. 15

Primary Registration District No. 5067

State File No. \_\_\_\_\_

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Barton County  
(b) City or town Rural Central Twp.  
(c) Name of hospital or institution: County Farm  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 26 years  
In this community 26 years  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton  
(c) City or town Rural Central Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. County Farm  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country XXXXXXXX

3. (a) PRINT FULL NAME Hester Angelina Garrett

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George Garrett 6. (c) Age of husband or wife if alive XXXXXX years  
7. Birth date of deceased February 18, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 5 2 hr. min.

9. Birthplace Keokuk Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

12. Name James Griffin

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

14. Maiden name Don't know

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

16. (a) Informant Cleve Hale

(b) Address S. S. Office Lamar, Mo.

17. (a) Burial (b) Date thereof July 16, 1946  
(Burial, cremation, or removal) (Month) (Day), (Year)

(c) Place: burial or cremation Mulberry, Kansas

18. (a) Signature of funeral director Gibson Funeral Home

(b) Address 1201 Broadway Lamar, Mo.

19. (a) July 13, 1946 (b) Warrick County  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14  
year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 9  
1946 to July 14 1946  
that I last saw her alive on July 14 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Typhoid fever  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature D. G. Palmer (M. D. or other) \_\_\_\_\_  
Address Lamar Date signed 7-14-46

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 746-766

Date Filed JUL 19 1946

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.....

*Carl F. Konantz*  
C. F. Konantz  
Licensed Embalmer No. 2247

P. O. Address 1301 Gulf Lamar, 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.