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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23604

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 3165

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 39th. & Bell (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 2504 Wabash 8 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Stella Mae Garner
3. (b) If veteran, name war No
3. (c) Social Security No. 496-24-5090
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Garner
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July (Month) - 15 (Day) - 1914 (Year)

8. AGE: Years	Months	Days	If less than one day
32	0	5	____ hr. ____ min.

9. Birthplace Blackburn (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business ____
FATHER 12. Name William Evans
FATHER 13. Birthplace Marshall (City, town, or county) Mo. (State or foreign country) 0
MOTHER 14. Maiden name Mary S. Guthrie
MOTHER 15. Birthplace Blackburn (City, town, or county) Mo. (State or foreign country)
16. (a) Informant James Garner
(b) Address 2504 Wabash, Kansas City, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/22/'46 (Month) (Day) (Year)
(c) Place: burial or cremation Marshall, Mo.
18. (a) Signature of funeral director E. Sterling Billo
(b) Address 1212 Vine St., Kansas City, Mo.
19. (a) 7-20-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from July 18 1946 to July 20 1946 that I last saw her alive on July 20 - 6:00 A.M. 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis — Duration
Due to Inflammation of uterus
Due to Miscarriage 6 wks. ago no. mo. of pregnancy unknown
Other conditions (Include pregnancy within 3 months of death) (spontaneous abortion)
Major findings: Of operations 147 B
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 0
23. Signature M. G. Brookhouse M.D.
Address 1228 E 24 K.C. Mo. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P.O. Address 1212 Vine St., Kansas Ci 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.