

S. No. 2  
10M-2-43  
v. 5-17-39  
I X38597

27975

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED SEP 11 1946

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 120

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether

In this community 5 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps 81

(c) City or town Rolla 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Arkansas Avenue 2  
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Jacob Garrett

MEDICAL CERTIFICATION

3. (b) If veteran, name war No. 1

20. DATE OF DEATH: Month August day 23  
year 46 hour 9 minute 30 P.M.

4. Sex Male 5. Color or race Wh.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on August 24 1946  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Susan Garrett

Immediate cause of death Coronary Occlusion Duration \_\_\_\_\_

7. Birth date of deceased March 15, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>5</u>	<u>8</u>	hr. _____ min. _____

Due to HEART CONDITION FOR  
LONG PERIOD OF TIME.

9. Birthplace Ellis Prairie Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

Other conditions \_\_\_\_\_  
(Includes pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Charles M. Garrett

Major findings:  
Of operations \_\_\_\_\_

13. Birthplace \_\_\_\_\_

Of autopsy \_\_\_\_\_

14. Maiden name Elizabeth Decker

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

16. (a) Informant Beatrice Garrett

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof 8-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville Missouri

18. (a) Signature of funeral director Null & Son F. H.  
508 West 8th St., Rolla Mo.,

(b) Address \_\_\_\_\_

19. (a) Aug. 26, 1946 (b) Mrs. Juanita Harvey  
(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 2

23. Signature R. S. Muel Harmon  
Address Rolla Mo Date signed 8-24-46

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

26814

22 (Licensed Embalmer's Statement on Reverse Side)

SEP 25 1946

SEP 12 1946

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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 S. B. Muel  
Licensed Embalmer No. 3397  
P. O. Address Rolla 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.