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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36651

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 934

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: Burge Hospital
(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: 60 years

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.: Colonial Hotel
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: MARY M. GARRETT

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: Fred G. Garrett

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

7. Birth date of deceased: July 22, 1873 (Month) (Day) (Year)

8. AGE: Years 73 | Months 3 | Days 29 | If less than one day: hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: A. R. McDonald
13. Birthplace: ? Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Wilson
15. Birthplace: ? Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Garrett
(b) Address: Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/21/1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Park

18. (a) Signature of funeral director: ALMA LOHMEYER FUNERAL HOME
(b) Address: Springfield, Missouri

19. (a) 11-26-46 (Date received local registrar) (b) W. Hardy M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1946 hour 11:50 A minute M.

21. I hereby certify that I attended the deceased from May 24, 1946, to Nov 21, 1946 and that I last saw her alive on Nov 21, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	2 days
Due to: Diabetes Mellitus	Many years
Due to: Myocardial Chronic	Many years
Other conditions: Strangulated Umbilical Hernia (Include pregnancy within 3 months of death)	4 hours

Major findings:
Of operation: Strangulated Umbilical Hernia
Of autopsy: None

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: O. C. Horst M.D. (M. D. or other)
Address: 430 South Ave Date signed: Nov 22, 1946

111 (Licensed Embalmer's Statement on Reverse Side) Springfield Mo

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 C A Roof

Licensed Embalmer No. 3044

P. O. Address Springfield, Missouri

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.