

S. No. 2
-12-45
5-17-39
PI X47070

FILED DEC 30 1946

Primary Registration District No. **1000**

Registrar's No. **1417**

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 21 days
(Specify whether life years, months or days)

3. (a) PRINT FULL NAME Minnie V. Garrod
 3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Harry G. Garrod 6. (c) Age of husband or wife if alive 72 years
 7. Birth date of deceased February 19 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 2 If less than one day hr. min.

9. Birthplace: Buchanan County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

MOTHER FATHER
 12. Name Samuel Mueller
 13. Birthplace Schauffhausen Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Verene Mueller
 15. Birthplace unknown Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Harry G. Garrod

(b) Address 1702 South 33rd

17. (a) burial (b) Date thereof 12/24/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Beckler & Bowman
 (b) Address St. Joseph, Mo.

19. (a) Dec. 26, 1946 (b) E. G. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 1702 South 33rd
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year 1946 hour 9 minute P M.
 21. I hereby certify that I attended the deceased from Nov. 26 1946 to Dec. 21 1946
 that I last saw him alive on Dec. 21 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid?
Carcinomatosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)

Major findings: As above
 Of operations 12-5-46 H.E.
 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 E. G. Jenkins (M. D. or other) M.D.
 Address St. Joseph, Mo. Date signed 12-23-46

JAN 13 1947

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 Raymond W. Merchead
Licensed Embalmer No. 4413 A

P. O. Address 319 So. 10th St. Joseph, 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.