

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 224

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 87

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution:
713 So. 7th. St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether)
In this community 35 Years (Specify whether years, months or days)

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. 713 So. 7th. St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country *

3. (a) PRINT FULL NAME Hugh Garton
(b) If veteran, name war None
(c) Social Security No. 491-10-6430

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 17
year 1947 hour 12 minute 00 P.M.
21. I hereby certify that I attended the deceased from
Jan 17th 47, 19, to 19, 19.

4. Sex Male Δ 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Audrey
6. (c) Age of husband or wife if alive, years not stated
7. Birth date of deceased. May 19 1898
(Month) (Day) (Year)

that I last saw h. alive on 19, and that death occurred on the date and hour stated above.
Immediate cause of death. Asphyxiation from Gas fumes Duration

8. AGE: Years 48 Months 7 Days 27 If less than one day hr. min.

9. Birthplace DeKalb Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Taxi driver

11. Industry or business A.B.C. Cab Co.

12. Name Sanford Garton

13. Birthplace Unknown Missouri (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. Audrey Garton

(b) Address 713 So. 7th. St.

17. (a) Burial (b) Date thereof Jan. 20, 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herman W. Jenkins

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) 1-21-47 (b) K. C. Jenkins (Date received local registrar) (Registrar's signature)

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.
178-X
14

22. If death was due to external causes, fill in the following:
Accidental 13-1
(a) Accident, suicide, or homicide (specify) Jan 17th 1947
(b) Date of occurrence St. Joseph Mo,
(c) Where did injury occur? Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place) 3 gas fumes
While at work? (Specify type of place) B.W. Tidlock (M. D. or other) 18-47
23. Signature B.W. Tidlock (M. D. or other) Address King Hill Bldg Date signed 1/18/47

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

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..... *Hermon W. Sidenfader*.....

Licensed Embalmer No. *2728*.....

P. O. Address *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.