

FILED JAN 16 1947

State File No.

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 109
(c) City or town Warrenton (Rural) 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Garrett

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Katie Bufka 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 6 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 4 Days If less than one day
hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Robert Garrett

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

14. Maiden name Virginia McClaren

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

16. (a) Informant Mr. Everett Garrett
(b) Address Wentzville, Missouri

17. (a) Burial (b) Date thereof 1-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Harvey Cemetery Lincoln Co., Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.
(b) Address Warrenton, Mo.

19. (a) 1/8/47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1947 hour 12:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 31, 1946, to Jan 6, 1947,
that I last saw him alive on Jan 6, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia acute
bilateral virus virus 7 days
Due to

Due to

Other conditions chronic bronchitis
(include pregnancy within 3 months of death)
renal disease
Major findings:
Of operations

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)

23. Signature Norval F. Hochstetler (M. D. or other) 0
Address Warrenton Mo Date signed 1-7-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed ~~JAN 14 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 John E. Verlican
Licensed Embalmer No. H407
P. O. Address Warrenton, 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.