No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

3723

State File No.

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 3

**1. PLACE OF DEATH:**
(a) County VERNON
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5644 E 31st 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME LEROY James Garoutte
3. (b) If veteran, name war World War II
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Louise Garoutte
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased Nov (Month) 24 (Day) 1924 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 22 | 1 | 16 | hr. min. |

9. Birthplace Stotts City (City, town, or county) Mo (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business
FATHER
12. Name J. S. Garoutte
13. Birthplace Marmonville (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Mae Allbee
15. Birthplace Tilden (City, town, or county) Neb. (State or foreign country)
16. (a) Informant City Hospital
(b) Address Nevada, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City, Mo.
18. (a) Signature of funeral director Eichinger Funeral Home
(b) Address Nevada Mo.
19. (a) 1-14-47 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 1 day 10 year 1947 hour 8 00 minute m P M.
21. I hereby certify that I attended the deceased from 10 Jan, 1947, to 10 Jan, 1947, that I last saw Dead on Arrival to Hospital; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture simple Right temporal skull instant Death Fracture comminuted humerus Rt Fracture compound Comminuted Femur right.

Due to Automobile in which he was riding struck a bridge on

Other condition U.S. Highway 71, 11 miles north of Nevada
(Include pregnancy within 3 months of death)

Major findings:
Of operations 8
Of autopsy 1105

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) Accident 108
(b) Date of occurrence 10 Jan 1947
(c) Where did injury occur? U.S. Highway 71, 11 Mi N Nevada Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highways (Specify type of place)
While at work? (e) Means of injury Auto Truck
23. Signature [illegible] M.D. (M. D. or other) 0
Address Nevada Mo Date signed 11 Jan 47

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1947

APR 2 1947

VAP 1947

RECEIVED

Date Filed

JUN 7 1951

## 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 Richard L. Shorten, Registered Apprentice No. X23, working under my personal supervision.

Signed Marsh Eichinger

Licensed Embalmer No. 2656.

P. O. Address Nevada, 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.**