

No. 2
M-5-43
5-14-39
I X3667

State File No.

FILED FEB 28, 1947

Registrar's No. 37

Registration District No. 137

Primary Registration District No. 4218

12
20
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
206 E. Florence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 28 years
years, months or days

3. (a) PRINT FULL NAME Richard Garland

3. (b) If veteran, name war _____

3. (c) Social Security No. 496 16 1426A

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Crota Kerr Garland alive _____ years

6. (c) Age of husband or wife if _____

7. Birth date of deceased: September 22 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>23</u>	hr. _____ min.

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

10. Usual occupation Hardware Clerk-retired

11. Industry or business _____

MOTHER FATHER { 12. Name John Garland

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

{ 14. Maiden name M. Dillon

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

16. (a) Informant Windsor, Missouri

(b) Address _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-47
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Horton Titler

(b) Address Windsor, Mo.

19. (a) 2-20-1947 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Windsor
(If outside city or town limits, write "RURAL")

(d) Street No. 206 E. Florence
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15
year 1947 hour 9:00 p m minutes _____ M.

21. I hereby certify that I attended the deceased from Oct. 4
1946 to Feb. 15 1947
that I last saw him alive on Feb. 15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung

Duration 1 yr.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: none

Of operations none

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. A. Blackmore (M. D. or other) M.D.

Address Windsor, Missouri Date signed 2-18-47

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Case
01-12-1
J. O. N.

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.....

William M. Turner....., Registered Apprentice No. 470.....

working under my personal supervision.

Signed William M. Turner.....

..... Licensed Embalmer No. 3391.....

P. O. Address Windsor, 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.