

FILED APR 1 1947

State File No. \_\_\_\_\_

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 39

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Jane Chinn Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 1 yr.  
years, months or days)

3. (a) PRINT FULL NAME Ben F. Garber

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nola Garber 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 9 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 0 13 yr. min.

9. Birthplace No data  
(City, town, or county) (State or foreign country)

10. Usual occupation Broom Maker

11. Industry or business Self

MOTHER FATHER { 12. Name No Data  
13. Birthplace No Data  
(City, town, or county) (State or foreign country)  
14. Maiden name No Data  
15. Birthplace No Data  
(City, town, or county) (State or foreign country)

16. (a) Informant Nola Garber (wife)

(b) Address Purcell Missouri

17. (a) Burial (b) Date thereof 3/25-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eisenhower Cemetery

18. (a) Signature of funeral director Hedge-Lewis

(b) Address Webb City Mo.

19. (a) MCH 22; 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Purcell Missouri (rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1947 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from 3-20 1947 to 3-22 1947  
that I last saw him alive on 3-22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations A4  
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? 2

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Webb City Mo. Date signed 3/27/47

47-3-228

FEB 25 1948

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 *Richard Gray Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.