V. S. No. 2
M—11-10-39
ev. 5-17-39
1 X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 21 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

10016

State File No.

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 18

1. PLACE OF DEATH:

(a) County Miller

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

(c) Name of hospital or institution: 406 N. OAK St. 1
(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 Miller 66

(c) City or town Eldon 1
(If outside city or town limits, write "RURAL")

(d) Street No. 406 N. OAK St. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EUGENE GARRETT

3. (b) If veteran, name war World WAR 2

3. (c) Social Security No. 499-24-5678

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 2 (Day) 1927 (Year)

8. AGE: Years 19 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Union, Co. (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Highway Dept.

11. Industry or business

FATHER
12. Name Blaine GARRETT
13. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

MOTHER
14. Maiden name FANNIE PRIEST
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Mrs. Doris Denhman
(b) Address Eldon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Eldon Cemetery

18. (a) Signature of funeral director Louis D. Phillips
(b) Address Eldon, Mo.

19. (a) 3-11-47 (Date received local registrar) (b) Alvenetta Walt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1947 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Accidental Asphyxiation	
Due to Carbon monoxide Gas Poisoning	
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.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 1.6
(b) Date of occurrence 3-8-47
(c) Where did injury occur? Eldon (City or town) Miller (County) Mo. (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury

23. Signature M. E. Humphreys D.O. Coroner (M. D. or other)
Address Vincumbia, Mo. Date signed 3-11-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 3/19/47

APR 29 1947

JUL 1 1947

APR 9 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 Lewis D. Phillips, Registered Apprentice No. ..... working under my personal supervision.

Signed Lewis D. Phillips

Licensed Embalmer No. 2663

P. O. Address Coldwater

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.