

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 17

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) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FANNIE BEATRICE GARRETT

3. (b) If veteran, name war No 3. (c) Social Security No. 487-28-1687

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
6. (b) Name of husband or wife BLAINE GARRETT 6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased SEPT 10 1901
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace UNION Co. IOWA 1
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE FACTORY

11. Industry or business _____

12. Name JOHN PRIEST 7

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

14. Maiden name FANNIE BRUNNER 9

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

16. (a) Informant Mrs. Davis Dehman

(b) Address Secoy, Mo.

17. (a) BURIAL (b) Date thereof 3-11-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELDON CEMETERY

18. (a) Signature of funeral director Janis D. Phillips

(b) Address ELDON, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 8
year 1947 hour _____ minute _____ M.

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

Immediate cause of death Accidental
Asphyxiation
Carbon Monoxide
poisoning
Due to _____
Due to _____

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

Major findings: Of operations 1st
Of autopsy 1st

Duration _____
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) Accidental
(b) Date of occurrence 3-8-47
(c) Where did injury occur? ELDON, Miller Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (e) Manner of injury _____

23. Signature J. E. Humphrey D.O. Coroner
Address Jessup, Mo. Date signed 3-11-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filled 3/19/47

MAR 25 1947

APR 9 1947

OCT 29 1954

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 _____

Louis D. Melius, Registered Apprentice No. _____
working under my personal supervision.

Signed Louis D. Melius
Licensed Embalmer No. 3663
P. O. Address Bedon

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, above space should be left blank.