V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13452

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1777

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital No. 1 O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 hrs. (Specify whether
In this community About 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 24 E. 3rd St. 8
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Lawrence E. Garland
3. (b) If veteran, name war None
3. (c) Social Security No. 500-22-3070
4. Sex Male O
5. Color or race White
6. (a) Single, widowed, married, divorced Single O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) about (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
60			hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Record Clerk
(b) Address K. C. General Hosp.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mapel Hill K.C.K.
18. (a) Signature of funeral director Weilert Funeral Home
(b) Address Kansas City, Mo.
19. (a) 4-19-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1947 hour 2 minute 50 P.M.
21. I hereby certify that I attended the deceased from April 15, 1947 to April 16, 1947
that I last saw him alive on April 16, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Subarachnoid hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 83W	
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? (Specify type of place)
While at work? (e) Means of injury O
23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-18-47

(Licensed Embalmer's Statement on Reverse Side)

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 Blaine E. Weilert

Licensed Embalmer No. 4075

P. O. Address K.C. 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.