V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20130

Primary Registration District No. 1000

Registrar's No. 817

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 9 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: Rural, St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No.: Route 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Glenn Theodore Garoutte

3. (b) If veteran, name war: not stated

3. (c) Social Security No. 511-03-2685

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Helen

6. (c) Age of husband or wife if alive: 30 years

7. Birth date of deceased: Oct. (Month) 2 (Day) 1905 (Year)

8. AGE: Years 41 Months 8 Days 25 If less than one day hr. min.

9. Birthplace: Agra, Okla. (City, town, or county) (State or foreign country)

10. Usual occupation: Employee of Terminal Warehouse

11. Industry or business

MOTHER FATHER

12. Name: James Garoutte

13. Birthplace: Lawrence Co. (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Susie Wilson

15. Birthplace: Lawrence Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Helen Garoutte

(b) Address: Route 6, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 30, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Oregon, Mo.

18. (a) Signature of funeral director: [illegible]

(b) Address: 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 7-8-47 (Date received local registrar) (b) E. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1947 hour 5 P. M. minute M.

21. I hereby certify that I attended the deceased from 6-18, 1947, to 6-27, 1947 that I last saw him alive on 6-27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Bacterial endocarditis	3 days
Due to: Meningitis	9 days
Due to: Extension from Trifacial neuralgia	11 days
Other conditions (Include pregnancy within 3 months of death): Extraction of badly infected teeth	16 days

Major findings:
Of operations: 4/19
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

23. Signature: E. L. Gross (M. D. or other)

Address: 5008 King Hill Ave. Date signed: 6-28-47

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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 [illegible]

Licensed Embalmer No. 4235

P. O. Address St Joseph

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.