

FILED JUN 20 1947

State File No. ....

Registration District No. 187

Primary Registration District No. 1002

Registrar's No. 2600

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

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:  
5331 Highland Little Sisters of the Poor  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 years  
(Specify whether years, months or days)

In this community 15 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MISS MARY GARRETT

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

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 about 1858  
(Month) (Day) (Year)

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

about 89 hr. min.

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

10. Usual occupation None

MOTHER FATHER

11. Industry or business

12. Name William Garrett

13. Birthplace No record

14. Maiden name Anna Cully

15. Birthplace No record

16. (a) Informant Little Sisters of the Poor

(b) Address 5331 Highland

17. (a) Burial (b) Date thereof 6/17/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Durk & Robin Co

(b) Address 20 West Linwood

19. (a) 6-16-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 5331 Highland  
(If outside city or town limits, write "RURAL")

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day June  
year 1947 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from May 8 1947  
to June 15 1947, 19...  
that I last saw her alive on June 15 1947, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage Duration 10 Days

Due to Generalized Arterio-  
sclerosis 15 years

Due to Hypertensive Heart Disease ?

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy no

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?

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

23. Signature John Skinner (M. D. or other) MD  
Address 1402 Bryant Bldg Date signed 4/17/47

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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..... *Howard W. Farmer* .....

Licensed Embalmer No. *4134* .....

P. O. Address..... *Kansas 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.**