

FILED DEC 11 1947  
Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 422

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Fulton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Callaway County Hospital  
(If not in hospital or institution, write street number and location) Three Days  
(d) Length of stay: In hospital or institution 22 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway 14  
(c) City or town Fulton (If outside city or town limits, write "RURAL") 1  
(d) Street No. 807 Court (If rural, give location) 2  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country None

3. (a) PRINT FULL NAME EDNA B. GARRETT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. Pearl Garrett 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 9 1873  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 23 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business Theodore F. Allen

12. Name Callaway county Missouri

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

14. Maiden name Callaway county Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant W. Pearl Garrett  
(b) Address 807 Court, St. Fulton, Mo.

17. (a) Burial (b) Date thereof 12-4-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hillorest

18. (a) Signature of funeral director Hallace Funeral Home

(b) Address W 6th St. Fulton, Mo.

19. (a) 12-4-1947 (b) Jesse Moravichoff  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd, year 1947 hour 10:50 minute AM

21. I hereby certify that I attended the deceased from 11/27/47 19. to 12/2 19. 47  
that I last saw her alive on 12/2 19. 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death diabetes mellitus Duration years?

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Terminal Hypostatic Pneumonia 2 days  
(Include pregnancy within 3 months of death)

Major findings: Of operations none PHYSICIAN \_\_\_\_\_

Of autopsy none 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 h.D.

23. Signature Jerry Drost (M. D. or other) h.D.

Address Fulton, Mo. Date signed 12/4/47

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12-10-47

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.....

*Walter J. Haines, Jr.*....., Registered Apprentice No. *82*  
working under my personal supervision.

Signed *Wenzel C. Browning*.....

Licensed Embalmer No. *2724*

P. O. Address *Fulton md*.....

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.