No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42135

Registration District No. 164 | Primary Registration District No. 3032 | Registrar's No. 138

1. PLACE OF DEATH:

(a) County: Johnson

(b) City or town: Warrensburg (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: The Ming Street (If not in hospital or institution, give street number or location)

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

In this community: 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Pettis 80

(c) City or town: Sedalia (If outside city or town limits, write "RURAL") 6

(d) Street No.: 1909 East 15th (If rural, give location) 4

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

If yes, name country

3. (a) PRINT FULL NAME: Thomas Garrett

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Etta Jane Shively Garrett

6. (c) Age of husband or wife if deceased: deceased

7. Birth date of deceased: Sept. 4, 1858 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
87	3	17	hr. min.

9. Birthplace: near Liverpool, (City, town, or county) England (State or foreign country)

10. Usual occupation: Missouri-Pacific Shops

11. Industry or business: Railroads

FATHER
12. Name: Charles Garrett
13. Birthplace: unknown, (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant: Guerney C. Garrett
(b) Address: 1409 South Carr, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/23/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Crown Hill Sedalia, Mo.

18. (a) Signature of funeral director: Duane Ewing
(b) Address: Sedalia Mo

19. (a) 12-31-47 (Date received local registrar) (b) Paramuk Christiansen (Registrar's signature) 147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21 year hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1947 to Dec. 21, 1947 that I last saw him alive on Dec. 21, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: CBhy. Vascular Disease

Due to:

Due to:

Other conditions: Cerebrovascular Hemorrhage (Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Yes

Duration: 3 mos

PHYSICIAN — Underline the cause of 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

21. Signature: L. W. Lowry M.D. (M.D. or other)

Address: Sedalia Mo. Date signed: Dec. 21-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

G. W. Grove

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 Duane Ewing

Licensed Embalmer No. 3847

P. O. Address Sedalia 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.