

FILED JUL 30 1948
Registration District No. 156

Primary Registration District No. 2011

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Freeman
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 521 W. 32nd. St. 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME MATTHEW S. GARNER

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

4. Sex male 0 5. Color or race White 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 10 1870
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 78 | 4 | 10 | br. min. |

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

10. Usual occupation retired

11. Industry or business None

12. Name Joel L. Garner

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

14. Maiden name Rachel E. Howell

15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Garner

(b) Address Nocana, Texas

17. (a) burial (b) Date thereof 7-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Hurlbut Flower

(b) Address Joplin, Mo

19. (a) 7-22-48 (b) Delores Lumpkins
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, 1948 Day 20 Year 1948 Hour 1:40 Minute A. M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Shock.

Due to Cardiac Failure

Due to Both Leg Fractures

Anterior Anomalous W. (Include pregnancy within 4 months of death)

Major findings: Of operations

Of autopsy 1700 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide, specify

(b) Date of occurrence July 19, 1948

(c) Where did injury occur? Joplin, Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

(Specify type of place)

While at work? No (e) Means of injury

23. Signature Dr. W. B. Belfelt, Jr.

Address 2114 Joplin Date signed 7/20/48

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

Dale Glover

Registered Apprentice No. *87*

working under my personal supervision.

Signed

Perry K. Hurlbut

Licensed Embalmer No. *909*

P. O. Address

Goplen Mu

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.