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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25397

Registration District No. FILED AUG 17 1948

Primary Registration District No. 4022

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
Home in Butterfield; no St. address
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Butterfield 0
(If outside city or town limits, write "RURAL")

(d) Street No. No St. Address 0
(If rural, give location) 0

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

If yes, name country ____

3. (a) PRINT FULL NAME Joel Garner

3. (b) If veteran, name war World War II

3. (c) Social Security No. ____

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Blanche Lowe Garner

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

7. Birth date of deceased April (Month) 9. (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	3	25	____ hr. ____ min.

9. Birthplace Calico Rock, (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Laboror

11. Industry or business ____

FATHER
12. Name Henry Garner
13. Birthplace Newburg (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Annetta Rector
15. Birthplace Newburg (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Mrs. Blanche Garner
(b) Address Butterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Plesant Cem.

18. (a) Signature of funeral director W. C. Koon
(b) Address 1303 Main, Cassville, Mo.

19. (a) Aug 7-1948 (Date received local registrar) (b) Grace Williams (Registrar's signature) 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4
year 1948 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug. 4, 1948, to Aug. 4, 1948;
that I last saw him alive on Aug. 4, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2 yrs.
Due to ____	
Due to ____	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy 13 B

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 0

23. Signature E. E. McDaniel (M. D. or other) T.B.D.

Address Cassville, Mo. Date signed 8/7/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 648-927
Date Filed AUG 16 1940

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 W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.