

No. 300
10-47
5-17-39
PI 3908

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED SEP 4 1948

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH

State File No. 26308
Registrar's No. 3350

Registration District No. 149

Primary Registration District No. 1002

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One Day
(Specify whether years, months or days) Eight Years

3: (a) PRINT FULL NAME Claude L. Garrett

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Garrett
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased 11 June 11 1903
(Month) (Day) (Year)

8. AGE: Years 45 Months 2 Days 3
If less than one day hr. min.

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

10. Usual occupation Stationary Engineer

11. Industry or business Same

MOTHER FATHER

12. Name Thomas R. Garrett

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

14. Maiden name Edna Warner

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

16. (a) Informant William Garrett

(b) Address 831 E. 22 Ave, N.K. C. Mo.

17. (a) Burial (b) Date thereof 8-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Raytown, Missouri

18. (a) Signature of funeral director Morton-Smith's F.H.

(b) Address 832 Armour Road, N.K.C. Mo.

19. (a) 8-17-48 (b) Suzaldine Habes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Hunginton & Walnut Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country XXX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14
year 1948 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from April 1948 to Early August 1948
that I last saw him alive on Aug 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Malignant Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 830

Of autopsy _____

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? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
Address 2025 Sulfur Date signed 8-16-48

Duration 45 minutes
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

Arthur L. Fleming, Registered Apprentice No. *447*
working under my personal supervision.

Signed *Theron C. Smith*

Licensed Embalmer No. *3928*

P. O. Address *North Kansas City*

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.