.S. No. 300
EV. 10-48

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37034

3008

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4847

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1412 LYDIA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON 321
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 1412 LYDIA

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): HENRY
c. (Last): GARRETT

4. DATE OF DEATH (Month) (Day) (Year): 11 15 50

5. SEX: 2 MALE
6. COLOR OR RACE: COLORED
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: SEPT 1891
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTODIAN
10b. KIND OF BUSINESS OR INDUSTRY: BANK Columbian
11. BIRTHPLACE (State or foreign country): Calbert, TEX 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Frank Garrett
13b. MOTHER'S MAIDEN NAME: Fannie Williams
14. NAME OF HUSBAND OR WIFE: Estell Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 490-16-2894
17. INFORMANT'S SIGNATURE OR NAME: Fannie Davis — ADDRESS: 2206 E. 30 st

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (b) Aortic Insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES (a) Pulmonary Congestion — Edema
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

45°

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Person or title): Thos. A. Jones — Thos. A. Jones M.D. Dep. Coroner
23b. ADDRESS: 1612 E 12 St
23c. DATE SIGNED: 11/17/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov 21-50
24c. NAME OF CEMETERY OR CREMATORY: Bluer Ridge Cemetery
24d. LOCATION (City, town, or county) (State): K.C. MO

DATE REC'D BY LOCAL REG.: 11-18-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: Nest, Appleton & Jones — ADDRESS: City

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed [illegible]

Licensed Embalmer No. 14497

P. O. Address 1905 [illegible]

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.