

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4794****660**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>660</u>							
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (if this place) <u>1 day</u>		c. CITY OR TOWN <u>Kansas City, <i>Prescott</i></u> NO. <u>7000</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>912 Arlington</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Forest</u>			b. (Middle) <u>L.</u>		c. (Last) <u>Garnett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14, 1955</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>Nov. 4, 1875</u>		9. AGE (In years last birthday) <u>79</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Miller</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>James Garnett</u>				13b. MOTHER'S MAIDEN NAME <u>Elizabeth Cumley</u>				14. NAME OF HUSBAND OR WIFE <u>Maggie Garnett (deceased)</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>				16. SOCIAL SECURITY NO. <u>486 03 3731</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorsey Garnett, Kansas City, Mo.</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus pneumonia</u>								<u>3 days</u>			
		ANTECEDENT CAUSES											
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p>											
		II. OTHER SIGNIFICANT CONDITIONS											
		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p><u>Senility</u></p>								<u>49 1/2</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? <u>4</u>							
22. I hereby certify that I attended the deceased from <u>February, 19 55</u> to <u>February, 14 55</u> , that I last saw the deceased alive on <u>Feb. 13, 1955</u> , and that death occurred at <u>3:34A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Frank E. Day D.D.</u> (Degree or title)				23b. ADDRESS <u>4314 E. 9, K.C. 24, Mo.</u>				23c. DATE SIGNED <u>2-14-55</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/16/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-14-55</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>				FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Carson</u>				ADDRESS <u>Independence. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Dean W. Huff*

Licensed Embalmer No. *4915*

P. O. Address *Independence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.