

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

60 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43485
Do not use this space.

1. PLACE OF DEATH
 (a) County HENRY Registration District No. 347
 (b) Township 1 Primary Registration District No. 3018
 (c) City CLINTON (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WALTER AMES GARRETT
 (a) Residence, No. 600 East Ohio St. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MINNIE GARRETT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 14 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOK COUNTY TEXAS

FATHER
 13. NAME HENRY GARRETT
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
 15. MAIDEN NAME Mollie
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Marvyn Kaiser Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Dec 9 '39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Consulate Club Clinton Mo

20. FILED 72-30 1939 Dr. J. R. Hamilton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-7 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to 12-7, 1939
 I last saw him alive on 12-6, 1939. Death is said to have occurred on the date stated above, at 10 4, m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
82 1/2

Other contributory causes of importance:
Previous cerebral hemorrhage Aug 1939

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____ (Signed) Ed Walker M. D.
 (Address) Clinton Mo

WALKER

RECEIVED

District Health

Officer No. 7,

District File Number

7-40-60

Date Filed

1-9-40

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 *J. E. Conner*

Licensed Embalmer No. *1891*

P. O. Address *Clinton, Mo*

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, above space should be left blank.