

Registration District No. 127

Primary Registration District No. 5496

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Rural, Windsor Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: R # 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 34 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Rural
(If outside city or town limits, write "RURAL.")
 (d) Street No. R # 4, Windsor
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
 year 1941 hour 7:25 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from June 1 - 4
 _____, 1941 to June 1, 1941
 that I last saw him alive on June 1, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
 Duration _____

Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy _____

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?
219
(Specify type of place)
 While at work? _____ (e) Means of injury _____

3. (a) PRINT FULL NAME John William Garland

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Maggie Garland 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Mar 18 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 13 _____ hr. _____ min.

9. Birthplace Henry County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James Preston Garland

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

14. Maiden name Katherine Walsh

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

16. (a) Informant Mrs. J. W. Garland

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Mo.

19. (a) 6-4-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Signature [Signature] (M. D. or other) MD.
 Address Windsor Date signed 6-4-41

RECEIVED
District Health Officer No. 21
District File Number 6-41-1036
Date filed 9-23-41

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: *E. M. Houston*
Licensed Embalmer No. *3391*
P. O. Address *Windsor, 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, fact should be so stated above.