

FILED JUL 10 1942

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

21799

Do not use this space.

1. PLACE OF DEATH Monroe
 (a) County Monroe Registration District No. 581
 (b) Township Marion Primary Registration District No. 4341
 or Madison (c) City Madison (d) Street No. 17 Registered No. 24
 (e) Length of residence in city or town where death occurred lifetime ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME Mildred Garnett
 (a) Residence, No. MADISON St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Ed Garnett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1874
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 3 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. at home
 10. Date deceased last worked at this occupation (month and year) June 13, 1942
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe County, Missouri

13. NAME John Riley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

15. MAIDEN NAME Tura Swartz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.
J. J. Garnett

17. INFORMANT (ADDRESS) 788 Vine St. Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Sunset Hill DATE June 17, 1942

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Fred A. Thompson
Madison, Mo.

20. FILED 6/17 19 42 Otis Hedberg
Spec. Sec. 106
 Local Registrar
 (Licensed Embalmer, Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 19 42

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

- I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 1030 p.m.
 The principal cause of death and related causes of importance were as follows:

Struck by train
 Date of onset 6/15/42

- Other contributory causes of importance: 169-4
150

- Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 6/15, 1942
 Where did injury occur? Madison, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

- Manner of injury Public place
Struck by train
 Nature of injury Fracture of calcaneus

24. Was disease or injury in any way related to occupation of deceased? ?
 If so, specify FRANKLIN CORONER
 (Signed) Madison Mo.
 (Address)

1126

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 10

District File Number 742-1378

Date Filed 9 1942

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.....

P. Richard Brown, Registered Apprentice No. 309
working under my personal supervision.

Signed Mrs. Fred A. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison, Wis.

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.