

FILED FEB 8 1944

Registration District No. 168

Primary Registration District No. 5610

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural
(c) Name of hospital or institution:
Route # 3, Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: - In hospital or institution _____ (Specify whether)
In this community 76 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Rural
(d) Street No. Route # 3, Windsor
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Adrain Garrett
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 16
year 1944 hour 5:10 a m minute _____ M.

4. Sex Male 5. Color or Race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Dyer Garrett
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased October 11 1848
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 7, 1939
_____ 19____ to Jan 15, 1944;
that I last saw him alive on Jan 15, 1944;
and that death occurred on the date and hour stated above.

8. AGE: Years 95 Months 3 Days 5
If less than one day _____ hr. _____ min.

Immediate cause of death Coronary thrombosis & myocardial failure.
Duration 72 hrs

9. Birthplace Johnson Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farming

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

11. Industry or business _____
12. Name James W. Garrett
13. Birthplace unknown N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Ann Perry
15. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

Major findings: gpa
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Garrett
(b) Address Leeton, Missouri
17. (a) Burial (b) Date thereof 1-18-44
(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, Missouri
19. (a) 2-2-44 (b) W. B. Runinger
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place)
(2) Means of injury _____
23. Signature W. B. Runinger (M. D. or other) MD
Address Windsor, Mo. Date signed 1/16/44

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

1026

FEB 9 1944

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.....

Ellis M. Hinton

Licensed Embalmer No. *3391*

P. O. Address. *Wenden 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.