

FILED DEC 15 1944

State File No.

Registration District No. 226

Primary Registration District No. 4337

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Monroe
 (b) City or town Madison
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution (Specify whether)
 In this community Lifetime
 years, months or days

3. (a) PRINT FULL NAME Christopher Columbus Garnett

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 Fillie Crosswhite Garnett 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 2-18-1875
 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Monroe Co Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Anthony Garnett
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)

14. Maiden name Ameria Riley
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant Fillie Garnett

(b) Address Madison Mo

17. (a) Burial (b) Date thereof 11-29-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Cemetery

18. (a) Signature of funeral director W. A. Thompson

(b) Address Madison Mo

19. (a) 12/24/44 (b) Olaf Hedberg
 (Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Monroe
 (c) City or town Madison
 (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)
 If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 27
 year 1944 hour 8 minute 45 M.

21. I hereby certify that I attended the deceased from Nov 23, 1943, to Nov 27, 1944;
 that I last saw him alive on Nov 27, 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal-vascular disease

Due to

Due to 131A

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?

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

23. Signature T. R. Turner DO. (M. D. or other)

Address Madison Mo Date signed 11/28/44

MAR 2 1945

RECEIVED

District Health Officer No. 10

District File Number 12-44-1962

Date Filed DEC 13 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 *Mr. J. W. Thompson*

Licensed Embalmer No. 3282

P. O. Address *Madison, 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.