

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16170

State File No.

FILED MAY 12 1947

Registration District No.

Primary Registration District No.

Registrar's No.

4296

1. PLACE OF DEATH

(a) County **Sullivan**
(b) City or town **Browning**
(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)
(d) Length of stay: In hospital or institution **21/ 25 years** (Specify whether years, months or days)
In this community

3. (a) PRINT **Irene Agnes Garrett**
FULL NAME

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

4. Sex **Fe** 5. Color **W** 6. (a) Single, widowed, divorced, **married**
7. (b) Name of husband or wife **J. W. Garrett** 6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **April 11 28 1893**
(Month) (Day) (Year)

8. AGE: Years **54** Months **0** Days **17** If less than one day
hr. min.

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

10. Usual occupation **House wife**

11. Industry or business

12. Name **George G. Alexander**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Bell Northcott**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **J. W. Garrett**
(b) Address **Browning**

17. (a) **Burial** (b) Date thereof **4-30-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Jenkins**

18. (a) Signature of funeral director **Wade Funeral Home**
(b) Address **Browning, Mo.**

19. (a) **May 1, 1947** (b) **Elva Crookshank**
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Sullivan** / 05
(c) City or town **Browning** 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **28**
year **1947** hour **3** minute **05** p. M.

21. I hereby certify that I attended the deceased from **26 April 28 1947**
that I last saw him alive on **April 28 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage** Duration **10 hrs**

Due to

Due to

Other conditions **Hypertensive heart disease 3 yrs.**
(Include pregnancy within 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:

(c) 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) (c) Means of injury

23. Signature **J.R. Martin** (M. D. or other)
Address **Browning** Date signed

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.