

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 12 1947

Registration District No. 294

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

18430

State File No.

Registrar's No. 131

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
497 Woodland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Annie Smith Garnett

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
(Day) (Year)

7. Birth date of deceased: Oct 6<sup>th</sup> 1860  
(Month) (Day) (Year)

8. AGE: Years 86 Months 7 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name William Smith

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

14. Maiden name Brashear

15. Birthplace Not known  
(City, town, or county) (State or foreign country)

16. (a) Informant Joel Barnett

(b) Address Moberly Mo

17. (a) Burial (b) Date thereof 6-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Madison Mo

18. (a) Signature of funeral director Mahan + Son

(b) Address Moberly

19. (a) 6-6-47 (b) Lab. William Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 497 Woodland  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4<sup>th</sup>  
year 1947 hour 7 minute 30 a.m.

21. I hereby certify that I attended the deceased from June 3  
1947, to June 4, 1947  
that I last saw her alive on June 3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Valvular Heart Disease  
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? \_\_\_\_\_

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

Signature CC Smith (M. D. or other) \_\_\_\_\_

Address Moberly MO Date signed 6/5/47

DEC 8 1947

DEC 8 1947

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-665  
Date Filed JUN - 9 - 1947

### 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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.