

S. No. 2  
OM-5-43  
REV. 5-17-39  
I X36671

FILED OCT 28 1947  
Registration District No. **137**

Primary Registration District No. **4218**

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

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Windsor**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**321 North Main**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
years, months or days **2 years** (Specify whether)

In this community \_\_\_\_\_  
years, months or days **2 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Windsor**  
(If outside city or town limits, write "RURAL")

(d) Street No. **321 N. Main**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT **John H. Garoutte**  
FULL NAME

3. (b) If veteran, name war **none**

3. (c) Social Security No. **no**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Dottie Paul Garoutte**

6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **October 12 1904**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **5** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Farming**

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

MOTHER FATHER { 12. Name **Charles Garoutte**

{ 13. Birthplace **Billings Missouri**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Mary Blades**

{ 15. Birthplace **Billings Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John H. Garoutte**

(b) Address **Windsor, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **10-19-47**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston Turner**

(b) Address **Windsor, Missouri**

19. (a) **10-29-47** (Date received local registrar)

(b) **R. P. Kermey** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **17**  
year **1947** hour **2** minute **15** p. M.

21. I hereby certify that I attended the deceased from **17** to **17** 19**47**  
that I last saw him alive on **Oct 17 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: **94A**

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 plate)

(c) Means of injury \_\_\_\_\_

23. Signature **R. P. Kermey** (M. D. or other) \_\_\_\_\_

Address **Windsor, Mo** Date signed **10-17**

47

10-27-47  
9-47-1252  
Lic. No. 7  
REGISTERED

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.....

*William M. Turner*

Registered Apprentice No. *470*

working under my personal supervision.

Signed *Ellis Kustow*

Licensed Embalmer No. *3391*

P. O. Address *Winder, 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.