

No. 300  
1-10-47  
5-17-39  
I 3906

State File No. ....

FILED FEB 17 1948  
Registration District No. ....

Primary Registration District No. 1570

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Deepwater, Mrs. R.F.D. 1  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
At home Fairview  
(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 life

3. (a) PRINT FULL NAME Velva Luetta Garrigus

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race White

(a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 9 1948  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>8 hours</u> hr. min.

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

10. Usual occupation Infant

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

12. Name Albert Garrigus

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

14. Maiden name Orva Dale

15. Birthplace Pondle, Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Garrigus

(b) Address Deepwater, Mrs. R.F. 1

17. (a) Burial (b) Date thereof 2-10-48  
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: Burial or cremation Deepwater, R. Cem.

18. (a) Signature of funeral director Jan Hunt

(b) Address Deepwater, MO

19. (a) 2-11-48 (b) R.R. Kenney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Deepwater, Mrs. R.F.D. 1  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 9  
year 1948 hour \_\_\_\_\_ minute 10 A.M.

21. I hereby certify that I attended the deceased from 2-9  
1948, to 2-9 1948

that I last saw her alive on 2-9 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death permaternal  
less than 7 mos. only  
but about 8 hr.

Due to permaternal death

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

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 157

Duration \_\_\_\_\_

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 H. Walker (M. D. or other) M.D.

Address Clinton, Mo Date signed 2-9-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 1-48-70

Date Filed 2-16-48

**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: *Pam Hurd*

Licensed Embalmer No. 2282

P. O. Address. Prepunter md

**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.**