

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

8157
 Do not use this space.

REC'D MAR 20 1939

1. PLACE OF DEATH

(a) County WRIGHT Registration District No. 1122
 (b) Township CLARK Primary Registration District No. 6226 Registered No. _____
 (c) City MACOMB (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY JANE GARNER

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George GARNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 3 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) Nov. 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. MISSOURI

FATHER 13. NAME FRANCIS MEXAY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

MOTHER 15. MAIDEN NAME CINCIA WHITE

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NOT KNOWN

17. INFORMANT (ADDRESS) EMMA BYKUM
MACOMB, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MACOMB Cem. DATE FEB. 23 1939

19. FUNERAL DIRECTOR (ADDRESS) FA. STEFFE
MANFIELD, Mo.

20. FILED 2-23 1939 Roy A. Burnett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1939 to Feb. 22, 1939. I last saw him alive on Feb. 19, 1939. Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:

General Debility and Flu Date of onset see yr

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1939.

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify (Signed) J. A. Fison, M. D.

(Address) Manfield

Sadie Burnett (Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED

District Health Officer No. 6,

District File Number 6-39-579

Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I, W. C. Steffe, Licensed Embalmer No. 3221

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. C. Steffe
Licensed Embalmer No. 3221

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.)