

REC'D MAY 24 1939

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

15968  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Clair <sup>2</sup> Registration District No. 765  
(b) Township Osceola <sup>1</sup> Primary Registration District No. 4460 Registered No. 11  
(c) City Osceola (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Bert R. Garwood  
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bernice Garwood</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 25, 1893</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>19</u>
	DAYS <u>19</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>retired</u>	
	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LeHeigh, Iowa</u>		
FATHER	13. NAME <u>George Garwood</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LeHeigh, Iowa</u>	
MOTHER	15. MAIDEN NAME <u>Cora Caskey</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>LeHeigh, Iowa</u>	
17. INFORMANT (ADDRESS) <u>Mrs. B. R. Garwood Dunnigan, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lindley Praire</u> DATE <u>May 18</u> , 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. C. DAVIS &amp; CO STOCKTON</u>		
20. FILED <u>5/22</u> , 19 <u>39</u> <u>Ruth Seavers</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

accidentally drowned when boat capsized in Osage river at Osceola Mo. in swift waters below the dam

Other contributory causes of importance: 83

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? accident Date of injury 5-13, 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? No

If so, specify was fishing for pleasure

(Signed) Ed. H. ...  
(Address) Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

X16805

RECEIVED  
District Health Officer No. 7,  
District File Number S-39-837  
Date Filed J-23-39

M. A. GENTRY, M. D.  
Special Agent, Bureau of the Census  
OSCEOLA, MISSOURI.

**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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, above space should be left blank.**