

1897 OCT 12 1939

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

32840
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Mt Vernon Primary Registration District No. 5633
(c) City Mt Vernon (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

65
Sylvia Jean Garner
(a) Residence, No. Mt Vernon R. 2, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1939</u>		
7. AGE	YEARS	MONTHS
	1	1
		DAYS
		<u>5</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		If LESS than 1 day, hrs. or min.
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>Mt. Vernon Mo</u>		
FATHER	13. NAME <u>Herbert Garner</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mt. Vernon Mo</u>	
MOTHER	15. MAIDEN NAME <u>Josephine Mc Dehee</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Herbert Garner Mt. Vernon, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL -- PLACE <u>Summit Center</u> DATE <u>Sept 2</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fossitt Funeral Home Mt. Vernon Mo</u>		
20. FILED <u>Sep 16</u> 19 <u>39</u> <u>P A Holmes</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-23-39, 1939, to 8-31-39, 1939.
I last saw h. alive on 8-31-39, 1939. Death is said to have occurred on the date stated above, at 11:45 a. m.
The principal cause of death and related causes of importance were as follows:
Congenital malformation of Intestines
157 ft
Other contributory causes of importance:
Intestinal obstruction chronic
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
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 _____
(Signed) John Bessell, M. D.
(Address) Springfield, Mo

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.

1 X16005

RECEIVED

District Health Officer No. 6,

District File Number 1039-1965

Date Filed OCT 5 1939

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 Ruth Fassett

Licensed Embalmer No. 2720

P. O. Address M Vernon

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.