DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38609

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4373

1. PLACE OF DEATH:

(a) County JACKSON 2

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

(c) Name of hospital or institution: 429 EAST 72ND STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)

In this community 25 YEARS

653

3. (a) PRINT FULL NAME MRS. GRACE SUITT GARNETT

3. (b) If veteran, name war — no

3. (c) Social Security No. — no

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. J. W. GARNETT

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased APRIL (Month) 3 (Day) 1890 (Year)

8. AGE: Years 49 | Months 7 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace MARIAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE 0

11. Industry or business 0

FATHER
12. Name W. T. SUITT 0
13. Birthplace MARIAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARGARET YOUNG
15. Birthplace MARIAN COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant's own signature James W Garnett

(b) Address 429 East 72 St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-16-1939 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MT MORIAH

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) Nov 16 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 429 EAST 72ND STREET
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1939 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Oct 1, 1938 to Nov 12, 1939; that I last saw her alive on Nov 11, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Breast	7½ yrs
Due to 50	
Due to	
Other conditions Metastases to Lungs - Liver (Include pregnancy within 3 months of death)	
Major findings: Of operations Amputation Left Breast - May 1932	
Of autopsy None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. H Thiessen (M. D. ~~or other~~)

Address 522 Prof Bldg Date signed 11-12-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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 Ernile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K-C 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, above space should be left blank.