

DEC 11 1939

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

38892
Do not use this space.

1. PLACE OF DEATH
 (a) County Audrain Registration District No. 24
 (b) Township Prairie Primary Registration District No. 5033 Registered No.
 (c) City (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 Jesse Lipe Garrett
 (a) Residence, No. Audrain Co Mo 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28-1921
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 18 2 20
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farm-boy
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm
 10. Date deceased last worked at this occupation (month and year) Nov 17-1939 11. Total time (years) spent in this occupation Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Audrain Co Mo
 FATHER 13. NAME J. L. Garrett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo
 MOTHER 15. MAIDEN NAME Mary Chark Day Donovan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT (ADDRESS) J. L. Garrett Laddonia Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Laddonia Mo Nov 19 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. S. Grainger Laddonia Mo
 20. FILED Nov. 18 19 39 W. H. McNeill Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1939
 22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him 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:
Coroner Case
Self inflicted gun shot
22 cal Rifle
 Other contributory causes of importance: 167
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 11/17, 1939
 Where did injury occur? Audrain County
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Home
 Manner of injury gun shot
 Nature of injury thru right chest
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Anna Lou Groun
 (Signed) (Address) Audrain County MO

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-212

Date Filed DEC 8 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,

H. G. Granger

....., or by

Registered Apprentice No. working under my personal supervision.

Signed.....

H. G. Granger

Licensed Embalmer No.

1297

P. O. Address.....

Ladonia 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.