

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.

JAN 12 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43783
Registrar's No. 125

Registration District No. 14

Primary Registration District No. 5587

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Rural, Jefferson
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Beitan mo PFD
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Robert A. Garrett 630
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 25
year 1939 hour 2:45 a m minute _____ M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Peden Garrett
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Aug. 20 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-17, 1939, to 12-25, 1939;
that I last saw him alive on Dec 25 at 1:30 A.M., 1939;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
59 4 5 _____ hr. _____ min.

Immediate cause of death Bronchial pneumonia with influenza myocardial failure
Due to influenza

9. Birthplace R. F. D Leeton Missouri
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farming

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name P. G. Garrett
13. Birthplace Brockingham, Co. N. Car.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Russell
15. Birthplace Brockingham Co N. Car.
(City, town, or county) (State or foreign country)

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?
While at work _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Mrs. Edith Garrett
(b) Address Leeton, Missouri
17. (a) Burial (b) Date thereof Dec. 26 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Windsor, Missouri

23. Signature Robert Windsor (Seal or other) 109
Address Windsor Mo Date signed 12-25

18. (a) Signature of funeral director Huston-Turner
(b) Address Windsor, Mo.
19. (a) Dec 25 1939
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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..... *E. D. M. Hinton*.....

Licensed Embalmer No. *3391*.....

P. O. Address *Windear 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.