

FILED FEB 9 1940

Registration District No. 431

Primary Registration District No. 5588

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Emma Garard

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Fe 5. Color or race Wk 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife David Garard 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec 2 1860
 (Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Buttalo N.Y.
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 { 12. Name George Nethragle
 { 13. Birthplace Virginia
 { (City, town, or county) (State or foreign country)
 { 14. Maiden name UNKNOWN
 { 15. Birthplace UNKNOWN
 { (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Bert Garard

(b) Address Farmer City Ill

17. (a) Burial (b) Date thereof Jan 29 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET HILL

18. (a) Signature of funeral director W. R. Wileart

(b) Address WARRICKSBURG, ILL.

19. (a) Jan 30 1940 (b) Cera Smith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County JACKSON
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 28
 year 1940 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from 1-25-40
1-28, 1940 to _____, 1940;
 that I last saw he alive on 1-27- _____, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 day

Due to arteriosclerosis ?

Due to arterial hypertension ?

Other conditions (Include pregnancy within 3 months of death) gout

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature A. F. McKinney (M. D. or other)

Address Washington Mo Date signed 1-30-40

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. 8,
District File Number _____
Date Filed 2/7/40

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 *Arthur H. Griffin*
Licensed Embalmer No. 3053
P. O. Address Warrensburg 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.