FILED AUG 23 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25340

Registration District No. 398 Primary Registration District No. 3019 Registrar's No. 188

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 131 East Farmer
(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: over 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence
(If outside city or town limits, write "RURAL")
(d) Street No.: 131 East Farmer
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Emma Garr 600

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Fe

5. Color or race: Col.

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Ben Garr

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

7. Birth date of deceased: September (Month) 12, (Day) 1864 (Year)

8. AGE: Years 75 Months 10 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace: Fulton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

MOTHER FATHER

12. Name: John Jamison

13. Birthplace: ____ (City, town, or county) Missouri (State or foreign country)

14. Maiden name: Lear

15. Birthplace: ____ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Vietta Garr
(b) Address: 131 East Farmer

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7/23/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery

18. (a) Signature of funeral director: Hatkins & Bros.
(b) Address: 1729 Lydia

19. (a) July 23 1940 (Date received local registrar) (b) F. L. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21st year 1940 hour 2 minute A. M.

21. I hereby certify that I attended the deceased from July 16, 1940, to July 21, 1940 that I last saw her alive on July 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Septicemia	2 Wks
Due to: Anemia Chronic	1 day
Due to: Circulatory Failure	
Other conditions (Include pregnancy within 3 months of death)	
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? 3100 (Specify type of place)
While at work? (e) Means of injury

23. Signature: S. W. Griffin MD (M. D. or other)
Address: Independence Mo. Date signed 7-23-40

(Licensed Embalmer's Statement on Reverse Side)

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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 Isaac Jerome Mant

Licensed Embalmer No. 3??

P. O. Address 1120 E. 23rd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—2-21-40
I X22659

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(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(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.

3. (a) PRINT FULL NAME Emma Garr
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race Col
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 9 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 21 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephritis Albumin Coma Uremia	
Due to Circulatory Failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 121	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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(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 S. H. Griffin (M. D. or other)
Address Independence Date signed

SUPPLEMENTARY