S. No. 2
—11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 13 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27806

Registration District No. 1 Primary Registration District No. 200 Registrar's No. 191

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

**1. PLACE OF DEATH:**

(a) County Adair

(b) City or town Rural Benton Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R.F.D.# 2 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 36 years
years, months or days) 670

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Adair

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. R. F. D. # 2
(If rural, give location)

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

3. (a) PRINT FULL NAME Maggie Burton Garwood

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife S. L. Garwood

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 28 (Day) 1864 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 76 | 0 | 22 | hr. min. |

9. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name David Burton
13. Birthplace DK (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Emily Stites
15. Birthplace DK (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Maud James
(b) Address Kirksville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-22-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Missouri

19. (a) Aug. 21/40 (Date received local registrar) (b) Spencer L. Freeman (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 8-20 day 1940
year ____ hour 11:00 A.M. minute ____ M.

21. I hereby certify that I attended the deceased from Dead on my arrival, 19__ to ____, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral Hemorrhage

Due to Arteriosclerosis

Due to ____

Other conditions ____ 82 h
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration

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)
3 While at work? ____ (e) Means of injury ____ 3

23. Signature C. D. Davis D.O. coroner (M. D. or other)
Address Kirksville, Mo Date signed 8-21-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-40-1734
Date Filed SEP 10 1940

**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 Harold H. Hegal

Licensed Embalmer No. 4076

P. O. Address Kirksville, Mo

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

**If this body is not embalmed, above space should be left blank.**