No. 2
1-13-40
-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41389

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 4773

1. PLACE OF DEATH:
(a) County: Jackson,
(b) City or town: Kansas City, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: George H. Nettleton Home, (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. 3 (Specify whether years, months or days)
In this community 7 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri, (b) County: Jackson,
(c) City or town: Kansas City, (If outside city or town limits, write "RURAL")
(d) Street No.: George H. Nettleton Home, (If rural, give location)
(e) If foreign born, how long in U. S. A.? 62 years, years.

3. (a) PRINT FULL NAME: Mrs. Elizabeth Garner,
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed,
6. (b) Name of husband or wife: James Garner,
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: August (Month) 1 (Day) 1863 (Year)

8. AGE: Years 77 | Months 4 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace: Nova Scotia (City, town, or county) 2 (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x 2
MOTHER FATHER
12. Name: David Sillers, 2
13. Birthplace: Nova Scotia, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Agnes McCabe,
15. Birthplace: Nova Scotia, (City, town, or county) (State or foreign country)
16. (a) Informant: George H. Nettleton Home,
(b) Address: 5125 Swope Parkway, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-17-40 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood Cem
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 12-16-40 (Date received local registrar) (b) M. M. Crome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14th, year 1940, hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from November 10, 1940, to December 14, 1940, that I last saw her alive on December 14, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Generalized Arteriosclerosis	2 yrs.
Due to:	
Due to: Chronic Nephritis	3 years.
Other conditions (Include pregnancy within 3 months of death): 131	
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: John G. Lapp (M. D. or other) M.D.
Address: 1314 Professional Bldg. Date signed: 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

Oroff. Bldg.
1 o'clock

10th floor Health Dept.
" oak

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 Felix Renz

Licensed Embalmer No. 4127

P. O. Address Kansas City, Mo

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.