DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6805

FILED MAR 20 1941

Registration District No. 255 Primary Registration District No. 5357 Registrar's No.

1. PLACE OF DEATH:

(a) County DAVIESS

(b) ~~City or town~~ JEFFERSON - RR

(If outside city or town limits, write "RURAL" and name of township)

(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

In this community LIFE TIME years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31

(c) City or town R. R. I 0

(If outside city or town limits, write "RURAL")

(d) Street No. R. R. I. Weatherby 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LEALAND EARWIN GARNER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased JUNE (Month) 20 (Day) - 1918 (Year)

8. AGE: Years 22 Months 7 Days 23 If less than one day hr. min.

9. Birthplace Winston (City, town, or county) Mo (State or foreign country)

10. Usual occupation C.C.C. Camp 1742

11. Industry or business

FATHER
12. Name GUS GARNER
13. Birthplace Winston (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name LEOTA FITZGEARLD
15. Birthplace SMITH CENTER (City, town, or county) KANS (State or foreign country)

16. (a) Informant's own signature J. G. Garner

(b) Address R.R. ~~Weatherby~~ Weatherby

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof FEB (Month) 16 (Day) 41 (Year)

(c) Place: burial or ~~cremation~~ Winston

18. (a) Signature of funeral director Kate Stroup

(b) Address Winston Mo

19. (a) Feb 16. 1941 (Date received local registrar) (b) F K Wilson (Registrar's signature)

MEDICAL CERTIFICATION 13 Dec

20. DATE OF DEATH: Month Feb. day 13 year 1941 hour 7:00-7:15 minute P M.

21. I hereby certify that I attended the deceased from Feb 13, 1941, to Feb 13, 1941; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Concussion of Brain - Possible Fracture of Skull	
Due to	
Due to	
Other conditions Fracture of left Fibula (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

170 C 6 21

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) automobile [illegible]

(b) Date of occurrence Feb 13 - 1941 [illegible]

(c) Where did injury occur? [illegible] (City or town) [illegible] (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 2 Zoom Highway 69 (Specify type of place) Struck by [illegible]

While at work? (e) Means of injury [illegible]

23. Signature F. B. Briley - Cyanosis Co (M. D. or other) [illegible]

Address Jamesport Mo. Date signed 2-14-41

(Licensed Embalmer's Statement on Reverse Side)

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.

Rev. 5-17-39 I X19511

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Virgil V. Stone

Licensed Embalmer No. 7017

P. O. Address Winston 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.