S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10150

Registration District No. 85 | Primary Registration District No. 1007 | Registrar's No. 352

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

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1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Geiger Apartments, 7th & Faraon Streets
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ / (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. Geiger Apartments, 7th & Faraon
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Francis Marion Garrett
3. (b) If veteran, name war none
3. (c) Social Security No. 712-01-9726
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced / married
6. (b) Name of husband or wife Georgia
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased August (Month) 1 (Day) 1876 (Year)

8. AGE:	Years	Months	Days	If less than one day
	64	7	26	hr. min.

9. Birthplace Churdan (City, town, or county) Iowa / (State or foreign country)
10. Usual occupation Retired
11. Industry or business Railway Conductor, Union Pacific
FATHER
12. Name Thomas Garrett
13. Birthplace Unknown (City, town, or county) Iowa / (State or foreign country)
MOTHER
14. Maiden name Nancy Statts
15. Birthplace Unknown (City, town, or county) Iowa / (State or foreign country)
16. (a) Informant Georgia E Garrett
(b) Address 7th & Faraon Sts., St. Joseph, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof March 29, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Ashland Cemetery St. Joseph, Missouri
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraon, St. Joseph, Missouri
19. (a) March 29-1941 (Date received local registrar) H. J. Westlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1941 hour 2 minute 30 p. M.
21. I hereby certify that I attended the deceased from Mar 20, 1941, to Mar. 26, 1941; that I last saw him alive on Mar 26, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-pneum-	8 days.
Due to	
Due to	
Other conditions Pat Agitans (Include pregnancy within 3 months of death)	1937

107

Major findings:
Of operations ✓
Of autopsy None

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)
85
While at work? (e) Means of injury
23. Signature Frank H. Hardegan (M. D. or other) M.D.
Address Kirkpatrick Bldg., St. Joseph, Missouri Date signed 3/28/41

(Licensed Embalmer's Statement on Reverse Side)

JAN 9 1950

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 Oby Jester

Licensed Embalmer No. Mo. 4154

P. O. Address St. Joseph, Missouri.

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, fact should be so stated above.