

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 11546

APR 28 1941 631  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5833

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Oregon  
(b) City or town Rover, Oregon  
(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 \_\_\_\_\_  
In this community 22 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Oregon  
(c) City or town Rover  
(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 Logan Andrew Garrett  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Nancy 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 20 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 2  
year 1941 hour 1:00 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from August 29, 1939 to December 1, 1939;  
that I last saw him alive on December 1, 1939  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
64 9 12 hr. min.  
9. Birthplace Howell county, Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Chronic Myocarditis and Chronic Nephritis  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Stillie Garrett  
13. Birthplace unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown \_\_\_\_\_  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Jay Garrett  
(b) Address West Plains, Mo.  
17. (a) Burial (b) Date thereof Feb. 4, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pottersville  
18. (a) Signature of funeral director Lawrence Carr  
(b) Address West Plains, Mo.  
19. (a) March 28, 1941 (b) Evelyn Hassapple  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_  
23. Signature W. H. [unclear] (Date or other) \_\_\_\_\_  
Address West Plains, Mo. Date signed 3/13/41

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.

RECEIVED  
RECEIVED  
District Health Officer No. 5,  
District File Number 444-446  
Date Filed \_\_\_\_\_

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..... Laurence Carr  
Licensed Embalmer No. 4031  
P. O. Address West Plains, 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.