

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

APR 7 1941 657

State File No. _____

Registration District No. _____

Primary Registration District No. 4393

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Perry
(b) City or town Wittenburg Mo.
(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 Wife
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry 79
(c) City or town Wittenburg Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULLNAME SALLIE GARRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Louis GARRIS 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 2 24 1893
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Jesse Strickland

13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Elvira Thompson

15. Birthplace Perry Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant HUGO WINTERS

(b) Address WITTENBURG MO.

17. (a) WITTENBURG (b) Date thereof 3-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WITTENBURG MO.

18. (a) Signature of funeral director Paul Spuehler

(b) Address Perryville Mo.

19. (a) 3-31-1941 (b) Malcolm H. Schmidt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 29
year 1941 hour 1 minute 55 P.M.

21. I hereby certify that I attended the deceased from January
8th 1941 to March 29th 1941
that I last saw her alive on March 28th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 2 wks

Due to Arterial Hypertension

Due to General Atherosclerosis

Other conditions (Include pregnancy within 3 months of death) 121 lb

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? 592
(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature Theodore Kracher (M. D. or other) M.D.
Address Wittenburg Mo. Date signed 3/31/41

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 3-29-

....., Registered Apprentice No.....
working under my personal supervision.

Signed Philip Leuchel

Licensed Embalmer No. 2936

P. O. Address Perryville

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

If this body is not embalmed, fact should be so stated above.