

FILED MAY 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **14940**Registration District No. **429**Primary Registration District No. **5593**Registrar's No. **5**

1. PLACE OF DEATH:

- (a) County Johnson
 (b) City or town Johnson Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Montecrott's Township
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community _____
 years, months or days) 1 yr

3. (a) PRINT FULL NAME Isaac David Garner3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex male 5. Color or race White 8. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Fannie Garner 6. (c) Age of husband or wife if alive 73 years7. Birth date of deceased Jan - 25 - 1863
(Month) (Day) (Year)8. AGE: Years 78 Months 2 Days 8
If less than one day hr. _____ min. _____9. Birthplace Owingsville Ky
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Isaac Garner13. Birthplace Owingsville Ky
(City, town, or county) (State or foreign country)14. Maiden name Edna West15. Birthplace Owingsville Ky
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. D. B. Garner(b) Address Knobnoster Mo17. (a) Burial (b) Date thereof April 5 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Sunset Hill18. (a) Signature of funeral director Duency - Phillips(b) Address Warrensburg Mo19. (a) 4-5-41 (b) Richard E. Thurston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County 51
 (c) City or town 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr - day 3 -
year 1941 hour 4 minute A M.21. I hereby certify that I attended the deceased from Feb 1
1941, to Apr 3, 1941;that I last saw him alive on April 3, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death
Chronic myocarditis /
Far Advanced Tuberculosis
Due to _____
Due to _____

Duration

several
years
three
yearsOther conditions
(Include pregnancy within 3 months of death)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?
20?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature R. H. Mason M.D. (M. D. or other) 0
Address Warrensburg Mo Date signed 4/6/41

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

1312

RECEIVED
District Health Officer No. 8,
District File Number
5-19-41

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 _____

Earl Priest

Registered Apprentice No. _____

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. *3878*

P. O. Address *Warrensburg*

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.

No. 2B
4-15-41
I X 202

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
MOTHER FATHER
ROWENA MOORE

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14940

Registration District No. 429

Primary Registration District No. 5893

Registrar's No. _____

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Monterey, 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 _____ years, months or days

3. (a) PRINT FULL NAME Isaac David 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 m

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 78 Months 2 Days 8

If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 3
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myo Carditis

has advanced tuberculosis

Due to pulmonary tuberculosis

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature Ch. Brown M.D. (M. D. or other) _____

Address Washington, Mo Date signed June 19, 1941

SUPPLEMENTARY

