

Registration District No. 461

Primary Registration District No. 3024

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Luxington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: city
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

8. (a) PRINT FULL NAME Thomas Garin

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

4. Sex ma 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 may 6 - 1965
(Month) (Day) (Year)

8. AGE: Years 75 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation music

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Garin
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Milly Mc Donald
(b) Address Luxington Mo

17. (a) Burial (b) Date thereof April 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luxington Mo

18. (a) Signature of funeral director Whistler
(b) Address Luxington Mo

19. (a) April 28 1941 (b) Delia Bates
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27
year 1941 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from several
years to death, 1941 to April 27, 1941;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of spleen Duration _____

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

Major findings: Of operations _____
Of autopsy none
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) no
(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? _____

23. Signature J. R. Capry (Specify type of place) _____ (M. D. or other) D
Address Luxington Date signed Apr. 27, 1941

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

J. O. Coy

RECEIVED
District Health Officer No. 8,
District File Number *8*
Date Filed *5-7-41*

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

Signed *Garrest F. Lempel*

Licensed Embalmer No. *3275-*

P. O. Address *Lexington, Va*

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.