S. No. 2
I—1-4-41
. 5-17-39
I X28390

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

VIRED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16005

Registration District No. 821 Primary Registration District No. 4553 Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston, 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 6 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott 100
(c) City or town Sikeston 2
(If outside city or town limits, write "RURAL")
(d) Street No. 515 New St. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Oscar N. Garnsey
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Winora Garnsey
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased July (Month) 1 (Day) 1869 (Year)

8. AGE: Years	Months	Days	If less than one day
71	9	2	hr. min.

9. Birthplace Wisconsin (City, town, or county) / (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Francis D. Garnsey
13. Birthplace Bertrand, Michigan (City, town, or county) / (State or foreign country)
MOTHER
14. Maiden name Helen Dominy
15. Birthplace Illinois (City, town, or county) / (State or foreign country)
16. (a) Informant Ed Boone
(b) Address Sikeston, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4 (Month) / 3 (Day) / 1941 (Year)
(c) Place: burial or cremation Fairbury, Nebraska
18. (a) Signature of funeral director H J Welch
(b) Address Sikeston, Mo.
19. (a) May 6-1941 (Date received local registrar) (b) H W Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1941 hour 8 minute 30: P M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris from History ~~and~~ given by family
Due to Did not see Patient alive
Due to
Other conditions (Include pregnancy within 3 months of death) 94 B
Major findings:
Of operations
Of autopsy

Duration

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? 742 (Specify type of place)
While at work? (e) Means of injury
23. Signature H. B. Throgmorton (M. D. or other) D
Address Sikeston Mo. Date signed 4-4-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 541-563
Date Filed 5/8/41

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.....

Licensed Embalmer No. 774 774

P. O. Address Sikeston, 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, fact should be so stated above.