

4-41
17-39
X28390

STANDARD CERTIFICATE OF DEATH

State File No. **20741**

FILED JUL 7 1941
399

Registration District No.

Primary Registration District No.

Registrar's No. **2271**

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 hrs.
(Specify whether LIFE)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

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

(d) Street No. 1703 Olive
(If rural, give location)

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

3. (a) PRINT FULL NAME FLETA GARNER

3. (b) If veteran, name war no

3. (c) Social Security No. none

3. (a) Sex <u>3 F</u>	5. Color or race <u>negro</u>	6. (f) Single, widowed, married, divorced <u>Married</u>
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6. (b) Name of husband or wife Charles Garner

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased: June 17 1897
(Month) (Day) (Year)

8. AGE: Years <u>43</u>	Months <u>11</u>	Days <u>26</u>	If less than one day hr. _____ min. _____
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9. Birthplace Ash Grove, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name Hubert Berry

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

14. Maiden name Julia Simmons

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

16. (a) Informant Charles Garner

(b) Address 1703 Olive

17. (a) Removal (b) Date thereof 6-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodsboro, Mo

18. (a) Signature of funeral director Alice Bailey

(b) Address 2065 N 5th St, KC, Mo

19. (a) 6/14/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 - day 13 -
year 41 hour 5:15 minute A.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw the deceased alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Central Hemorrhage
subdural hemorrhage (left)

Due to _____

injury by fall

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

Major findings:
Of operations _____

Of autopsy yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Do not know

(b) Date of occurrence 6-13-41

(c) Where did injury occur K.C. mo (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)

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

23. Signature Buss & Baker (M. D. or other)

Address 14-P. mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Edw. G. Evans

Licensed Embalmer No.

3836

P. O. Address

1819 E 150 / 6700

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.