

S. No. 2  
11-10-39  
7-5-17-39  
X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

22975

State File No. \_\_\_\_\_

Registrar's No. 197

Registration District No. 875

Primary Registration District No. 6162

1941  
FILED JUL 29 875

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

I. PLACE OF DEATH:

(a) County Person  
(b) City or town Person  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: State Hosp # 32  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 month 14 days  
(Specify whether years, months or days) Same

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Brinsonville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Dora Jane Garrett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward Garrett 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 16 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace 5 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Frazer

13. Birthplace Grifford Co. N. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Stahler

16. Birthplace Randolph Co. N. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Blair Reed  
(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 6 28 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harrisonville Mo

18. (a) Signature of funeral director Ed. H. Hargis

(b) Address East Lynde Mo

19. (a) 6-26-41 (b) Allen V. Hoyle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26  
year 1941 hour 6:55 minute 050 M.

21. I hereby certify that I attended the deceased from May 15, 1941, to June 26, 1941

that I last saw her alive on June 26, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis

Due to Coronary arteriosclerosis

Due to Senile Dementia

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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? NA

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Wm J. Bremer (M. D. or other) \_\_\_\_\_

Address Nebraska Date signed 6/26/41

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1088

Date Filed 7-7-41

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 A. O. Hartley

Licensed Embalmer No. 2717

P. O. Address East Lynne 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, above space should be left blank.