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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24451

Registration District No. 53

Primary Registration District No. 5084

Registrar's No. 32

1. PLACE OF DEATH:

(a) County BATES New Home Twp

(b) City or town RICH HILL RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME OF B.V. BOTKIN
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)

In this community 54 YEARS 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates 1007

(c) City or town Rich Hill - Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. near Foster
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME FANNIE ELIZABETH GARNER

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband ~~or wife~~ F.R. GARNER

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

7. Birth date of deceased February (Month) 26 (Day) 1852 (Year)

8. AGE:

Years	Months	Days	If less than one day
89	5	29	hr. min.

9. Birthplace Switzerland Co. INDIANA 1
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business —

FATHER
12. Name FRANK STEWART
13. Birthplace VIRGINIA 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JULIANNA ALLEN
15. Birthplace VIRGINIA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Orville Garner

(b) Address Rich Hill Mo Ro 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 2 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Robinson Cem.

18. (a) Signature of funeral director [illegible]

(b) Address Rich Hill Mo

19. (a) Aug. 4, 1941 (Date received local registrar) (b) Claude J. Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 31 year 1941 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1938, 19 , to July 31, 1941; that I last saw her alive on May 10, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis

Due to

Due to 93 H

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] Allen M.D. or other

Address [illegible] Date signed 8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 8-41-1272
Date Filed 8-8-41

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 John G Underwood

Licensed Embalmer No. 3565

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.