

Registration District No. **1**

Primary Registration District No. **200**

Registrar's No. **224**

1. PLACE OF DEATH:

(a) County: **Adair**  
 (b) City or town: **Stahl, Mo Rural**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Marrow Tp.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Mo** (b) County: **Adair**  
 (c) City or town: **Stahl, Rural**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Marrow Tp.**  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME

**Garrya Frost**

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

4. Sex: **MO** 5. Color: **W** 6. (a) Single, widowed, married, divorced... **SO**  
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased: **July 20 1941**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
 hr. min.  
**10**

9. Birthplace: **MO**  
 (City, town, or county) (State or foreign country)

10. Usual occupation: **Child**

11. Industry or business

12. Name: **Henry Frost**  
 13. Birthplace: **MO**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name: **Myrtle Clay**  
 15. Birthplace: **MO**  
 (City, town, or county) (State or foreign country)

16. (a) Informant: **Henry Frost**  
 (b) Address: **Stahl, Mo**  
 17. (a) **Rural** (b) Date thereof: **July 31, 41**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation: **Morlock**

8. (a) Signature of funeral director: **none**  
 (b) Address:  
 19. (a) **July 31/41** (b) **Spencer L. Inema**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **30**  
 year **1941** hour **6** minute **0** P. M.

21. I hereby certify that I attended the deceased from **July 20**, 1941, to **July 30**, 1941,  
 that I last saw ~~her~~ **her** alive on **July 23**, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **premature**

Due to.....

Due to..... **159**

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature: **H. N. Garrison** (M. D. **D**)  
 Address: **Adair, Mo.** Date signed.....

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

RECEIVED

District Health Officer No. 10

District File Number 8-41-1597

Date Filed AUG 26 1941

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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.....

P. O. Address.....

**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.**