

S. No. 2
T-1-4-41
7-5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6906

State File No. _____

FILED MAR 13 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Joplin

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number for location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Joplin

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

(d) Street No. 700 N. Mineral .3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARION GARRETT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th
year 1942 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 7 1942 to Feb 9 1942
and that death occurred on the date and hour stated above.

4. Sex M race W

5. Color or 1

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec 23 1856
(Month) (Day) (Year)

Immediate cause of death

Due to Circulatory Failure

Due to Chronic nephritis
Arterio Sclerosis

8. AGE: Years Months Days If less than one day

85 1 17 hr. min.

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

Major findings: 1316

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation _____

11. Industry or business _____

12. Name John Garrett

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name no record

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant John Garrett

(b) Address 700 N. Mineral

17. (a) Burial (b) Date thereof Feb 11 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Reece Cemetery
Harriet-Dillon

18. (a) Signature of funeral director Harriet-Dillon

(b) Address 4th & Wall St

19. (a) 2-10-42 (b) Hentzschel
(Date received local registrar) (Registrar's signature)

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

23. Signature Dr. R.A. Maloney (M. D. or other) MD

Address 2114 Joplin St Date signed 2-10-42

1204 (Licensed Embalmer's Statement on Reverse Side) Joplin, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1000 W. H. Maloney 2102



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..... *Don Teluck*

Licensed Embalmer No. *4008*

P. O. Address *Joplin*

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.