

Mo. 13, 1942

Registration District No. 431

Primary Registration District No. 5588

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 55 yrs. (Specify whether years, months or days)
In this community 55 yrs.

3. (a) PRINT FULL NAME Rebecca Garvey

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife John M. Garvey 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased June 26 - 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 22 If less than one day in min.

9. Birthplace Delphos Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name Johnathan Dellgaver

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Addison Tucker

(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof Feb 20 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo

19. (a) Feb. 19 - 42 (b) Gold M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg - Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1942 hour 7:15 minute 10 P. M.

21. I hereby certify that I attended the deceased from Feb. 15 - 1942 to Feb 18 1942
that I last saw her alive on Feb 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure

Due to Pneumonia Lobar 2 days

Due to Infants of age

Other conditions Infants of age
(Include pregnancy within 3 months of death)

Major findings: Of operations 108
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 0

23. Signature L J Choquet (M. D. or other)
Address Warrensburg, Mo Date signed Feb 18 - 42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

File Number.....

Date Filed 3-11-42

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.....

Earl Priest

Registered Apprentice No.....

working under my personal supervision.

Signed *Earl Priest*

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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, fact should be so stated above.