Aaron Garner

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17641

X29484

Registration District No. 125 Primary Registration District No. 3009 Registrar's No. 145

16
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Hospital 10 days (Specify whether)

In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 14

(a) State Missouri (b) County Perry 1

(c) City or town Perryville Mo. 1
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Aaron Garner

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sarah Garner

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April (Month) 5 (Day) 1870 (Year)

8. AGE: Years 72 Months 1 Days 1 If less than one day hr. min.

9. Birthplace Bollinger Co (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Public Work

11. Industry or business

FATHER
12. Name Samual Garner
13. Birthplace Cape Girardeau Co Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Barbara Barks
15. Birthplace Bollinger Co. Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Sarah Garner
(b) Address Perryville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.

18. (a) Signature of funeral director Young & Sons
(b) Address Perryville Mo.

19. (a) 5-7-42 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

1014

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6 year 42 hour 7 minute 05A M.

21. I hereby certify that I attended the deceased from 4/26, 1942 to 5/6, 1942 that I last saw him alive on 5/5, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to

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.

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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] (M. D. or other) [illegible]

Address Cape Girardeau Mo. Date signed 5/6/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642-701
Date Filed 6-8-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Edward C Young

Licensed Embalmer No. 2138

P. O. Address Perryville 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.