

Registered District No. 75

Primary Registration District No. 299

Registrar's No. 34

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

25  
0  
0

1. PLACE OF DEATH: Clinton

(a) County Rural Lathrop Twp.

(b) City or town Rural Lathrop Twp.  
(If outside city or town limits, write "RURAL," and name of township)

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

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

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

2. USUAL RESIDENCE OF DECEASED: 25

(a) State MO (b) County Clinton

(c) City or town Rural Lathrop Twp.  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Henretta Garland

3. (b) If veteran, no name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Font Garland

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

7. Birth date of deceased Nov. 28 1873  
(Month) (Day) (Year)

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

69 23 6 28 hr. min.

9. Birthplace Marion Co. Ill  
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business

MOTHER FATHER

12. Name W. R. Cox

13. Birthplace unknown Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Bower

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

16. (a) Informant Mr. Font Garland

(b) Address Lathrop Twp.

17. (a) Burial (b) Date thereof May 20, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem. Cameron, Mo.

18. (a) Signature of funeral director W. Moore  
(b) Address Cameron, Mo.

19. (a) May 20, 1943 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18  
year 1943 hour I minute 30 P. M.

21. I hereby certify that I attended the deceased from April 9  
1943 to April 26 1943  
that I last saw her alive on April 26 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver 6 yrs.

Arteriosclerosis 5 yrs.

Due to 46 f

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 W. Compton (M. D. or other) MO

Address Cameron, Mo. Date signed 5/20/43

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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.**