V. S. No. 2
OM—9-4-41
ev. 5-17-39
I

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24180

Registration District No. 1 — Primary Registration District No. 3000 — Registrar's No. 188

1. PLACE OF DEATH:

(a) County ADAIR

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

(c) Name of hospital or institution: LAUGHLIN HOSPITAL O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 52

(a) State MISSOURI (b) County KNOX O

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

(d) Street No. 6½ MILES S.E. OF EDINA
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME ALEXANDER LYLE GARLAND

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased SEPT. (Month) 16 (Day) 1883 (Year)

8. AGE: Years 59 Months 9 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace KNOX COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation FARMER

11. Industry or business .....

FATHER
12. Name SAMUEL M. GARLAND
13. Birthplace ..... (City, town, or county) TENN (State or foreign country)

MOTHER
14. Maiden name ANNA RIMER
15. Birthplace KNOX (City, town, or county) CO O Mo. (State or foreign country)

16. (a) Informant SHERMAN BARNHILL
(b) Address HURDLAND Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY (Month) 7 (Day) 1943 (Year)
(c) Place: burial or cremation MT. CARMEL - KNOX CO. MO.

18. (a) Signature of funeral director Geo B Easley Jr.
(b) Address Hurdland Mo

19. (a) 7/15/43 (Date received local registrar) (b) Mrs. J. L. Wagner (Registrar's signature)

1044

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 4th year 1943 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from July 2-1943, 19.., to July 4, 1943 that I last saw him alive on July 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of 8 or 9 ribs of left chest ÷ injury to lung —

Due to Automobile accident

Due to .....

Other conditions Death probably due to embolus from lung into heart
(Include pregnancy within 3 months of death)

Major findings:
Of operations 170C-4
Of autopsy 22

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) Accident 052

(b) Date of occurrence 7-2-43

(c) Where did injury occur? at or near Edina, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? in taxi (Specify type of place)

While at work? No (e) Means of injury Auto accident

23. Signature Earl Laughlin Jr. (M. D. or other) DO.

Address Kirksville Mo Date signed 7-14-43

(Licensed Embalmer's Statement on Reverse Side)

Mail to
Mrs. Waggner
515 N - MULNIX
KV.

RECEIVED
District Health Officer No. 10
District File Number 8-43-1270
Date Filed AUG 10 1943

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 Geo B Easley Jr

Licensed Embalmer No. 3755

P. O. Address Hurdland 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.