V. S. No. 2
OM—9-4-41
5-17-39
X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25438

State File No.

FILED AUG 7 1943

Registration District No. 187 Primary Registration District No. 5696 Registrar's No. 87

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chula (Rural - Creamridge) (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 (Specify whether In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59 0

(c) City or town Chula (Rural) (If outside city or town limits, write "RURAL") 0

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary Frances Garr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James O Garr

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased December (Month) 29 (Day) 1863 (Year)

8. AGE: Years 79 Months 6 Days 26 If less than one day hr. min.

9. Birthplace Livingston County (City, town, or county) MO (State or foreign country) 0

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name F. D. Ward
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Emilie Graves
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant R. R. Garr

(b) Address Chula Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 29 (Day) 1943 (Year)

(c) Place: burial or cremation Plainview Cemetery

18. (a) Signature of funeral director E. J. Rahestrom

(b) Address Laredo Missouri

19. (a) July 29 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25 year 1943 hour 4 minute 20 P.M.

21. I hereby certify that I attended the deceased from July 14, 1943, to July 25, 1943 that I last saw her alive on July 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	11 days
Due to Arterio sclerosis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 83a1

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

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

Address Chillicothe Mo Date signed 7/28/43

458

(Licensed Embalmer's Statement on Reverse Side)

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 E. J. Robertson

Licensed Embalmer No. 2415

P. O. Address Laredo, Md.

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.