

FILED AUG 18 1943

Registration District No. 239

Primary Registration District No. 8820 4-30-6 Registrar's No. 4256

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

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma

(c) Name of hospital or institution: None

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

(d) Length of stay: In hospital or institution 8 hrs. (Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Parma

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME BABY GARRETT

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex M

5. Color or Grace White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 31st 1943

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
			<u>8</u> hr. _____ min.

9. Birthplace Parma 0

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name J. H. Garrett

13. Birthplace Tennessee 1

(City, town, or county) (State or foreign country)

14. Maiden name Catherine Brewer

15. Birthplace Tennessee 1

(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Garrett

(b) Address Parma Mo.

17. (a) Burial (b) Date thereof Aug. 10-43

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe

18. (a) Signature of funeral director Watkin Fun Service

(b) Address Parma

19. (a) Aug 10, 1943 (b) Mrs. S. B. Pademak

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31

year 1943 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 7-21-43

_____ 19____ to 7-21-43 19____

that I last saw him alive on 7-21-43 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Septic Atelectasis

Due to _____

hematuria

Due to _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Garrett (M. D. or other) _____

Address Parma Mo Date signed 8/10/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 843-1040

Date Filed 8-18-43

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.