

FILED SEP 10 1943

Registration District No. 264

Primary Registration District No. 3048

Registrar's No. 138

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville

(c) Name of hospital or institution: 616 South Mulberry  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 13 years (Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 616 South Mulberry  
no (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Hubert Garrett

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Willa Garrett 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 16 1892  
(Month) (Day) (Year)

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

<u>51</u>	<u>6</u>	<u>13</u>	hr. _____ min.
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9. Birthplace Clearmont Missouri  
(City, town or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business State Teachers College

MOTHER FATHER { 12. Name Amasa H. Garrett

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

14. Maiden name Olive McCloskey

15. Birthplace Marysville Kansas  
(City, town or county) (State or foreign country)

16. (a) Informant Maryville Missouri

(b) Address burial

17. (a) \_\_\_\_\_ (b) Date thereof 8-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clearmont Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville Mo

19. (a) Aug. 31 - 43 (b) Amy Barber  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29  
year 1943 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan 1943, to Aug 29 1943;  
that I last saw him alive on Aug 28 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension probably 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 102  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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)

23. Signature J. A. Blicemer (M. D. or other) \_\_\_\_\_  
Address Maryville Mo Date signed 8/30/43

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

SEP 17 1943

SEP 10 1943

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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 Clara M. Price  
Licensed Embalmer No. 1822  
P. O. Address Marquette 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.**