

FILED JUL 7 1944
Registration District No. 236

Primary Registration District No. 5818

11000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County MORGAN
(b) City or town RURAL - MOREAU TOWNSHIP
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution.
In this community 77 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN 71
(c) City or town RURAL MOREAU
(If outside city or town limits, write "RURAL")
(d) Street No. 8 MI. N.E. OF VERSAILLES
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME RACHEL GARBER
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUNE day 29th
year 1944 hour 1 minute 40 P.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced SINGLE
7. Birth date of deceased NOV 17 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1, 1943 to June 29, 1944
that I last saw or alive on June 24, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 89 Months 7 Days 12 If less than one day hr. min.

Immediate cause of death Regenerative heart disease 3 yrs
Duration _____

9. Birthplace Dayton CO OHIO
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation AT HOME
11. Industry or business HOME

Other conditions arterial sclerosis
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name JOHN GARBER
13. Birthplace SWITZERLAND 4
(City, town, or county) (State or foreign country)
14. Maiden name BARBARE LOGANBILL
15. Birthplace SWITZERLAND 4
(City, town, or county) (State or foreign country)

Major findings: Of operations 93d
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. M. French
(b) Address Versailles Mo
17. (a) Burial (b) Date thereof 8-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BETHEL-CEMETARY
18. (a) Signature of funeral director H. F. Russell
(b) Address Versailles Mo
19. (a) 7-1-1944 (b) Ray Berntstramer
(Date received local registrar) (Registrar's signature)

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) Means of injury ○
23. Signature A. J. Lewis (M. D. or other) _____
Address Versailles Mo Date signed 6-30-44

RECEIVED
District Health Officer No. 71
District No. number 6-44-763
Date Filed 7-6-44

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 *W. T. Keenell*

Licensed Embalmer No. *1596*

P. O. Address. *Wesley Hill*

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.