

Registration District No. 297

Primary Registration District No. 6022

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Ray  
(b) City or town Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 33 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Ray  
(c) City or town Rural  
(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 RICHARD J. GARRETT

3. (b) If veteran, name war: V 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 Ellis Garvin 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased April 24 1864  
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 20 If less than one day V hr. V min.

9. Birthplace Sumner, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business: .....

MOTHER FATHER { 12. Name Harriet Garrett  
13. Birthplace Ray, Mo (City, town, or county) (State or foreign country)  
14. Maiden name Marion Hill  
15. Birthplace Ray, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ellis Garrett

(b) Address Rayville, Mo

17. (a) Buried (b) Date thereof 2-14-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Excelsior Springs

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

(b) Address Rayville, Mo

19. (a) Feb 14 1945 (b) Mrs. Chas. W. Shiffard  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13 year 1945 hour Five minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 1 1945 to Feb 13 1945  
that I last saw him alive on Feb 10 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death: Septicemic Pneumonia  
Due to SemioArteriosclerosis  
Chronic Myocarditis

Other conditions: (Include pregnancy within 3 months of death) None

Major findings: Of operations: None  
Of autopsy: None

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) .....

(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 Clara E. Buehler (M.D. or other) Jamson  
Address Date signed Feb 13, 1945

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3/3/72

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J E Broadhurst

Licensed Embalmer No. 2171

P. O. Address Rayville, 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.