

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13029**
Registrar's No. **7**

Registration District No. **50** Primary Registration District No. **5176**

5-000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County **Camden**
(b) City or town **Rural Augsburg Twp**
(c) Name of hospital or institution:
near Stoulland mo
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Camden**
(c) City or town **Rural 15**
(d) Street No. _____
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **GEORGIA DORENE GARRETT**
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 **0**
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **8**
year **1945** hour **10** min. _____ M.
21. I hereby certify that I attended the deceased from **see after birth** to **1945**
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

7. Birth date of deceased **Jan 8 1945**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
0 0 29 hr. _____ min.

Immediate cause of death **malnutrition, Cerebral by newspaper feeding and cough**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations: _____
Of autopsy: _____

9. Birthplace **Stoulland mo**
(City, town, or county) (State or foreign country)
10. Usual occupation **Infant**
11. Industry or business _____
12. Name **Thurber Garrett**
13. Birthplace **Camden Co mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Leda Castillo**
15. Birthplace **Camden Co mo**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(e) 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 _____

16. (a) Informant **Thurber Garrett**
(b) Address **Stoulland mo**
17. (a) **Burial** (b) Date thereof **2-9-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **High Point Cemetery**
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) **Mar. 13 45** (b) **Edith Nelson**
(Date received local registrar) (Registrar's signature)

23. Signature **C. E. Cartman** (M. D. or other)
Address **Stoulland mo** Date signed **July 8 1945**

RECEIVED
DATE
Date Filed 4-10-40
439
428

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.

Not Embalmed
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.