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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43555

State File No.

Registration District No. 178

Primary Registration District No. 4284

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town LaBelle
(If outside city or town limits, write "RURAL" and name of township)

(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 none (Specify whether years, months or days)

In this community 4 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town LaBelle 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME Brenda Joyce Garr

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28th
year 1946 hour 8 minute 15 P.M.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased December 28th, 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 28, 1946, to Dec. 28, 1946, that I last saw him or alive on Dec. 28, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
none none none 4 hr. none min.

9. Birthplace LaBelle, Lewis Co. Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death Premature birth and extreme weakness. Duration 4 hr.

10. Usual occupation none

11. Industry or business

12. Name Samuel Garr

13. Birthplace Monticello, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Evelina Garr

15. Birthplace Maywood Missouri
(City, town, or county) (State or foreign country)

Due to Too strenuous exercise on the part of the mother.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 15

16. (a) Informant Garr of arr

(b) Address LaBelle, Missouri

17. (a) Burial (b) Date thereof 12/29/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LaBelle Cemetery

18. (a) Signature of funeral director Thomas D. Roden

(b) Address LaBelle, Missouri

19. (a) 1/9/47 (b) Paul Jennings
(Date received local registrar) (Registrar's signature)

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) (c) Means of Injury L

23. Signature Harry J. M. Braden (M. D. or other) D.O.

Address La Belle, Missouri Date signed 1/8/47

RECEIVED
State Health Officer No. 11
#2727
JAN 16 1947

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was **prepared** ~~embalmed~~ by me, or by.....

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

Signed Thomas D. Coode
Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri

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.