

FILED APR 28 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 547

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph, Missouri  
(c) Name of hospital or institution: Mercy Hospital  
(d) Length of stay: In hospital or institution 1 1/2 hours  
In this community 1 1/2 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County De Kalb-32  
(c) City or town Union Star Mo.  
(d) Street No.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Ethel Imogene Gartin

3. (b) If veteran, name war No  
3. (c) Social Security No. 120

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

6. (b) Name of husband or wife Clyde Gartin 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 20 1891

8. AGE: Years 55 Months 9 Days 29 hr. min. 7

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

10. Usual occupation Housework

11. Industry or business

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Clyde Gartin

(b) Address Union Star

17. (a) Removal (b) Date thereof 11-19-47

(c) Place: burial or cremation King City Mo.

18. (a) Signature of funeral director R. C. Taggart

(b) Address King City Mo.

19. (a) 4-21-47 (b) E. L. Jenkins

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1947 hour 6:50 minute P.M.

21. I hereby certify that I attended the deceased from April 19 1947, 19 to April 19 1947 that I last saw him alive on April 19 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac congestive failure

Due to Pulmonary edema

Due to Coronary Disease

Other conditions (Include pregnancy within 3 months of death)

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) (c) Means of injury

23. Signature Wm. H. Joerkes (M. D. or other)

Address Union Star Mo. Date signed 4/21/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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 R. G. Taggart  
Licensed Embalmer No. 2563  
P. O. Address King City 9240

**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.**