

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21318

State File No. ....

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 18

1. PLACE OF DEATH:

(a) County JACKSON  
(b) City or town RURAL, WASHINGTON  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2 mi. N. MARTIN CITY 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community 70 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48  
(c) City or town RURAL, MARTIN CITY 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 mi. North MARTIN CITY 3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME AMANDA JANE GARTEN

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 WIDOWED  
6. (b) Name of husband or wife JOHN K. GARTEN 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased JULY 17 1957  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
89 10 14 hr. min.

9. Birthplace TENN. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business ✓

MOTHER FATHER { 12. Name GEORGE LAWSON  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name NANCY CATHERINE SMITH  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Perry GARTEN

(b) Address RAYMORE, MO.

17. (a) BURIAL (b) Date thereof JUNE 3 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SANTA FE, Mo.

18. (a) Signature of funeral director E. T. Brown & Sons

(b) Address Bertan, Mo.

19. (a) June 5-1947 (b) Dr. Annie B. Hodges  
(Date received local registrar) (Registrar's signature) 13/18

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31  
year 1947 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1940  
2 1947 to May 1947  
that I last saw her alive on May 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration

Due to.....

Due to.....

Other conditions Hypertension  
(Include pregnancy within 9 months of death)

Major findings: Arteriosclerosis

Of autopsy.....

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) (e) Means of injury.....

23. Signature Walter V. Robbins (M. D. or other) MD

Address Peelias, Mo. Date signed 6/2/47

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..... *A. K. George*.....

Licensed Embalmer No. *3645-*.....

P. O. Address. *GRANVIEW, 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.**