

FILED AUG 20 1947

Registration District No. 273

Primary Registration District No. 4364

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Stella  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Cardwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one Day (Specify whether  
In this community One day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Stella, Missouri, Rt. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Sandra Linn Garren

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 Single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive

7. Birth date of deceased June 24 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 1 hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name L-land Garren  
13. Birthplace McDonald County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Francisco  
15. Birthplace McDonald County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant L-land Garren  
(b) Address Stella, Missouri  
17. (a) Burial (b) Date thereof 6-27-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director John B. Poginew  
(b) Address Goodman, Missouri

19. (a) 8-13-47 (b) Alpha Dyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 47 hour 12:30 minute 9 M.

21. I hereby certify that I attended the deceased from 6-24-47 to 6-25-47  
that I last saw her alive on 6-24-47  
and that death occurred on the date and hour stated above.

Immediate cause of death Blue Baby

Due to  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157E  
Of autopsy

22. If death was due to external cause, 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 O. Cardwell (M. D. or other) M.D.  
Address Stella Mo Date signed 8-10-47

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

13  
0  
0

73  
0  
0  
0

**RECEIVED**

District Health Officer No. Newton  
District File Number 847-161  
Date Filed 8-19-47

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was *not Embalmed* embalmed by me, or by .....

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

Signed John B. Papineau  
Licensed Embalmer No. 4446  
P. O. Address Goodman, 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.**