

No. 2
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-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33618

FILED OCT 20 1947

Registration District No. 13047

Primary Registration District No. 3003

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Barry
(b) City or town Monett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 205 Elm St
(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) 3 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. 205 Elm St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Sam Garroutte

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ebbie Garroutte
6. (c) Age of husband or wife if alive 10 years
7. Birth date of deceased March 10 1878
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 16
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business None

12. Name Thomas Garroutte

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

14. Maiden name Mary Shalkley

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

16. (a) Informant Mrs Ebbie Garroutte

(b) Address 205 Elm Monett Mo.

17. (a) Burial (b) Date thereof Sept 18 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Cemetery Barry Mo

18. (a) Signature of funeral director Ballaway

(b) Address Funeral Home Monett Mo.

19. (a) 9-23-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16
year 1947 hour 9 minute 30 A. M.
21. I hereby certify that I attended the deceased from Aug 29 1947
to Sept 7 1947
that I last saw him alive on Sept 7 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Arthritic insufficiency
Duration: unknown

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 92A
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? no.

While at work _____ (Specify type of injury)
(c) Nature of injury 2.

23. Signature Charles Moore (M. D. or other) MD
Address Presque City Date signed Sept 19 1947

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

MOTHER FATHER

5
2
1
0

RECEIVED
District _____ Officer No. 6;
District _____
Date Filed OCT 17 1947 1047-1061

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 J. P. Bushana
Licensed Embalmer No. 3149
P. O. Address Monett, 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.