

FILED DEC 2 1947 83  
Registration District No. ....

Primary Registration District No. 9312

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Clarks Fork Township.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At home  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution. All of life  
(Specify whether  
In this community, All of life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27  
(c) City or town Boonville 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. R. F. D.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country — 0

3. (c) PRINT FULL NAME Mrs. Ellen Haley Garrett

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 — 6. (c) Age of husband or wife if alive — years  
7. Birth date of deceased January 30<sup>th</sup> 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 7 26 hr. min.

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

10. Usual occupation Housewife.

11. Industry or business At home.

12. Name ??? Seat

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

14. Maiden name ??? Renison.

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

16. (a) Informant Joe Haley.

(b) Address Boonville, Mo.

17. (a) Burial (b) Date thereof Sept. 27<sup>th</sup> /47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Goodman & Boller.

(b) Address Boonville, Mo.

19. (a) 12-1-47 (b) S. P. C. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25  
year 1947 hour — minute 4 P. M.

21. I hereby certify that I attended the deceased from Sept 23  
1947 to Sept 25, 1947  
that I last saw him alive on Sept 23, 1947  
and that death occurred on the date as here stated above. Duration 2

Immediate cause of death Chronic  
Valvular disease  
of Heart

Due to .....

Due to .....

Due to .....

Due to .....

Other conditions .....

(Includes pregnancy within 3 months of death)

Major findings:

Of operations .....

Of autopsy 9 25

Underline the cause of 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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

(Specify type of place)

While at work? .....

(e) Means of injury 0

23. Signature S. P. C. ... (M. D. or other)

Address Boonville Mo Date signed 12/1/47

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

700

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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.....

*J. W. Goodman*

Licensed Embalmer No. 1178

P. O. Address Bonville, 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.