

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8137

FILED MAR 21 1948

State File No.

Registration District No. 61

Primary Registration District No. 52394107

Registrar's No. 8

1. PLACE OF DEATH:

(a) County, CEDAR

(b) City or town, ELDON SPRINGS, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 4 1/2 TIME (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar ²⁰

(c) City or town El Dorado Springs R.R. 5
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CHARLIE M. GARLAND

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. KATE GARLAND 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased SEPT. 12 1887
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>60</u>	<u>4</u>	<u>27</u>	hr. min.

9. Birthplace CEGAR CO. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name JOHN GARLAND ⁹

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

14. Maiden name MARY PIKE

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

16. (a) Informant Mrs. Kate Garland

(b) Address El Dorado Springs R.R. 5

17. (a) BURIAL (b) Date thereof: A-12-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VIRGIL CITY

18. (a) Signature of funeral director Wm. Carthus

(b) Address El Dorado Springs

19. (a) 2-12-48 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11 year 1948 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from Jan 3, 1948, to Feb 1, 1948 that I last saw him alive on Jan Feb 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of Both Lungs. Advanced stage

Duration 3 or 4 yrs

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) B

Major findings: Of operations _____

Of autopsy No

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? None
(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 0

23. Signature J. W. Richardson (M. D. or other) _____

Address Tiffin Mo Date signed 2-12-48

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

RECEIVED

District Health Officer No. 7,

District File Number 2-48-224

Date Filed 3-23-48

52 4 30

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.....

James E. Hackleman....., Registered Apprentice No. 44
working under my personal supervision.

Signed Floyd E. Carsthus
Licensed Embalmer No. 4419
P. O. Address Boards Spring

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.