

FILED NOV 25 1950

STANDARD CERTIFICATE OF DEATH

State File No. **37033**
4705

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kamasas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 10 yrs.		d. STREET ADDRESS (If rural, give location) 1101 1/2 East 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1101 1/2 East 8			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Mathew c. (Last) Garner			4. DATE OF DEATH (Month) (Day) (Year) 11/7/1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/9/1882	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY K.C. Schools		11. BIRTHPLACE (State or foreign country) Huntington Pa.	
12. CITIZEN OF WHAT COUNTRY U S A					

13a. FATHER'S NAME Mathew Garner	13b. MOTHER'S MAIDEN NAME Octavia Paster	14. NAME OF HUSBAND OR WIFE Mayme Garner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 497-14-4742	17. INFORMANT'S SIGNATURE OR NAME Ruby Greene
		ADDRESS 2124 East 70 Terrace K.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH years	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus			4 years
	DUE TO (c)			26 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1947**, to **Nov. 7, 1950**, that I last saw the deceased alive on **Nov. 6, 1950**, and that death occurred at **4 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE C. L. Gillis, M.D. / M. A. Stenz, M.D.	23b. ADDRESS Professional Bldg. K.C. Mo.	23c. DATE SIGNED 11/8/50
24a. BURIAL CREMATION (Specify) Burial	24b. DATE 11/9/1950	24c. NAME OF CEMETERY OR CREMATORY Coloma Cemetery
24d. LOCATION (City, town, or county) Tina Mo.		

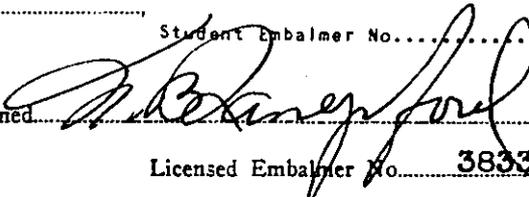
DATE REC'D BY LOCAL REG. 11-8-50	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Lee's Summit Mo.	ADDRESS Lee's Summit Mo.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed 

Signed.....
Student Embalmer

Licensed Embalmer No. 3833

P.O. Address Lee's Summit, 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.