

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35887

State File No.

Registrar's No.

Registration District No. 213Primary Registration District No. 3514252

1. PLACE OF DEATH:

(a) County Cole 2
 (b) City or town Jefferson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis Road R.F.D.#4
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 16 years _____ (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Christopher Columbus Garnett 653

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 Married6. (b) Name of husband or wife Amanda F. Garnett 6. (c) Age of husband or wife if alive 68 years7. Birth date of deceased Dec 20 1864
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
74 10 9 hr. min.9. Birthplace Marion Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer

11. Industry or business _____

12. Name Rueben Garnett13. Birthplace Kentucky
(City, town, or county) (State or foreign country)14. Maiden name Jane Hader15. Birthplace Not Known
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Chloe Garnett(b) Address R.F.D.#1, Jefferson City, Mo17. (a) New Hope Cem (b) Date thereof Oct-31-1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Marion, Missouri18. (a) Signature of funeral director Thos J Gordon(b) Address Jefferson City, Missouri19. (a) 10/30/39 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
 (c) City or town Jefferson City,
 (If outside city or town limits, write "RURAL")
 (d) Street No. Boonville Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th
year 1939 hour 6 minute 20 P. M.21. I hereby certify that I attended the deceased from 10/26/39
_____, 19____, to 10/29/39, 19____;
that I last saw him alive on 10/29/39, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral disease

Due to _____

Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)Major findings: Senility PHYSICIAN _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.Address Jeff City Mo Date signed 10/30/39WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

Thorp J. Gordon

Registered Apprentice No.....

working under my personal supervision.

Signed *Thorp J. Gordon*

Licensed Embalmer No. *1986*

P. O. Address *Jefferson City, 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, above space should be left blank.