

S. No. 2  
OM-8-43  
v. 5-17-29  
I X37823

40973

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 16 1944

Registration District No. 21779

Primary Registration District No. 47-28-4141

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Cole Co

(b) City or town Centertown Mo. Warren  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Centertown, Mo.  
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution \_\_\_\_\_  
Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Centertown, Mo.  
(If outside city or town limits, write "RURAL")

(d) Street No. Centertown, Mo.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura Garnett

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6<sup>th</sup>  
year 1944 hour 11 minutes 05 A.M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Loyd Garnett

6. (c) Age of husband or wife if alive 77 years 26 1862

7. Birth date of deceased: Dec (Month) 26 (Day) 1862 (Year)

21. I hereby certify that I attended the deceased from November 30<sup>th</sup> 1943 to Aug 6<sup>th</sup> 1944

that I last saw her alive on Aug 5<sup>th</sup> 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 7 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Apoplexy (blood) Duration 36 hrs

9. Birthplace Cole Co (City, town, or county) (State or foreign country) 0

Due to idiopathic hypertension 16 yrs

10. Usual occupation House Wife

Due to \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

12. Name Julis Baushausin

Major findings: Of operations 820

13. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)

Of autopsy \_\_\_\_\_

14. Maiden name Un Known

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

16. (a) Informant Lee R. Barnett

(b) Address Lee's Summit mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 8. 1944 (Month) (Day) (Year)

(c) Place: burial or cremation: New Hope Cem

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? \_\_\_\_\_

18. (a) Signature of funeral director Boulton Funeral Home

(b) Address Calisouia

19. (a) 9/1/44 (Date received local registrar) (b) J. W. Williams (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. W. Williams M. D. or other \_\_\_\_\_

Address Centertown, Mo. Date signed 8/4/44

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

6000

196

(Licensed Embalmer's Statement on Reverse Side)

*Handwritten notes and scribbles, including "1941" and "1942".*

**RECEIVED**

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 12-15-44

**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 me \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Earl R. Boulton \_\_\_\_\_

Licensed Embalmer No. 2126 \_\_\_\_\_

P. O. Address California, 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.

*Handwritten scribbles and numbers in the bottom left corner.*