

FILED FEB 27 1942

Registration District No. 211

Primary Registration District No. 5291

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Pole

(b) City or town Marion Township
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pole

(c) City or town Marion - Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi north Centertown
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth Garnett

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8
year 1942 hour 2 minute 30 P. M.

4. Sex Female Color or race W

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

(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from January 16, 1942 to Feb. 8, 1942
that I last saw her alive on February 5, 1942
and that death occurred on the date and hour stated above.

7. Birth date of deceased: Sept 20 1856
(Month) (Day) (Year)

Immediate cause of death: Lobar pneumonia

Duration 6 days

8. AGE: Years 85 Months 4 Days 19 If less than one day hr. _____ min. _____

Due to Exposure and senile debility

Due to _____

9. Birthplace: Cole MO
(City, town, or county) (State or foreign country)

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

10. Usual occupation: Housewife

Major findings: None

Of operations _____

11. Industry or business _____

Of autopsy None

12. Name Wm. Donald Reaves

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name Kathryn Reaves

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

16. (a) Informant George Garnett

(b) Address Centertown Mo

17. (a) Burial (b) Date thereof: Feb 11 - 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: New Hope

18. (a) Signature of funeral director: W. H. Leubert-Friedman

(b) Address California Mo

19. (a) 1/10/42 (b) J. W. Wilhams
(Date received local registrar) (Registrar's signature)

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 J. T. Hillier (M.D. or other) D.O.

Address Centertown Mo Date signed 2-10-42

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 HE Freedmeyer
Licensed Embalmer No. 2854
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.