

FILLED NOV 19 1941

Registration District No. **071**

Primary Registration District No. **4035**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County **Monticau**

(b) City or town **California**

(c) Name of hospital or institution **1**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community **30 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO**

(b) County **Monticau's**

(c) City or town **California MO**

(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 **Silas Abner Garrett**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **29** year **1941** hour **6 A.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **May 2** 19**41** to **Oct. 29** 19**41**

that I last saw him alive on **Oct 29** 19**41** and that death occurred on the date and hour stated above.

4. Sex **Male**

5. Color or race **A**

6. (a) ~~Single~~ **Married**

6. (b) Name of husband or wife **Bertha Garrett**

6. (c) Age of husband or wife if alive **62** years

7. Birth date of deceased **Aug 19 1875**

(Month) (Day) (Year)

Immediate cause of death **Coronary Thrombosis**

Duration \_\_\_\_\_

8. AGE: Years **66** Months **2** Days **10** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Boone MO**

(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

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

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

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: **940**

Of operations \_\_\_\_\_

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

MOTHER FATHER

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

12. Name **Stena Garrett**

13. Birthplace **North Carolina**

(City, town, or county) (State or foreign country)

14. Maiden name **Elyabeth Vaughan**

15. Birthplace **Monticau MO**

(City, town, or county) (State or foreign country)

16. (a) Informant **Felix Garrett**

(b) Address **Burial MO**

17. (a) **Burial** (b) Date thereof **Oct 31 1941**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Catholic Church**

18. (a) Signature of funeral director **William H. Fredman**

(b) Address **California MO**

19. (a) **10-30-41** (b) **H.R. Popojay**

(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_ (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 **A. A. Davison** (M.D. or other) **D.D.**

Address **California** Date signed **10/30/41**

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

**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.....

*H E 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.**