S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4165

State File No.

FILED FEB 9 1944

Registration District No. 3460

Primary Registration District No. 3060

Registrar's No. 397

1. PLACE OF DEATH:
(a) County St Francois
(b) City or town Farmington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Farmington
(If outside city or town limits, write "RURAL")
(d) Street No. /
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DORA ISABELL GARNER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife D. C. Garner
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. (Month) 16 (Day) 1874 (Year)

8. AGE: Years 69 Months 1 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER
12. Name Jessie Myers
13. Birthplace Perry County (City, town, or county) Missouri (State or foreign country)

FATHER
14. Maiden name Nancy Murray
15. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant D. C. Garner
(b) Address Farmington, Mo.
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 26, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Cross Roads Cemetery Bollinger Co. Mo
18. (a) Signature of funeral director Miller Funeral Home
(b) Address Farmington Mo.
19. (a) JAN. 29, 1944 (Date received local registrar) (b) Lydia Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1944 hour — minute ____ M.
21. I hereby certify that I attended the deceased from Jan 1, 1940, to Jan 23, 1944 that I last saw her alive on Jan 20, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetic Coma	10 da.
Due to: Diabetes Mellitus	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Fractured hip	Jan 1943
Major findings: Of operations: 1952 Of autopsy: 44	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 094
(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? (Specify type of place)
While at work (e) Means of injury

24. Signature Geo. P. Watkins (M. D. or other)
Address Farmington Mo. Date signed 1-25-44

(Licensed Embalmer's Statement on Reverse Side)

094
1/1/44

CEIVED

District Health Officer No. 4

District File Number 244-3286

Date Filed 2-5-44

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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. Burl J. Miller

Licensed Embalmer No. 3753

P. O. Address. Farmington, 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.