

This is a legal record and will be permanently filed.

Type or write legibly. Use black ink.

All items must be complete and accurate.

The undertaker, or person acting as such, is responsible for filing the completed certificate with registrar of the district where death occurred.

The physician last in attendance is required to state the cause of death and sign the medical certification.

If there was no doctor in attendance, medical certification to be completed by local Health Officer (or Coroner, if inquest was held).

FORM 8  
Rev. 1/48

Birth No. 132

JAN 6 1950

REGISTRATION  
DISTRICT NO.

42-60

NORTH CAROLINA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28300

1. PLACE OF DEATH a. COUNTY <b>Halifax</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>North Carolina</b> b. COUNTY <b>Halifax</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN Roanoke Rapids</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OR TOWN Roanoke Rapids</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Roanoke Rapids Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1100 Franklin Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>NERVA</b> b. (Middle) <b>MAE</b> c. (Last) <b>GARNER EVERETT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 16 1949</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 7, 1914</b>
9. AGE (In years birthday) <b>35</b>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <b>Recreation Director Rosemary Mfg. Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>North Carolina</b>	
11. BIRTHPLACE (State or foreign country) <b>North Carolina</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>James T. Garner</b>		14. MOTHER'S MAIDEN NAME <b>Myrtle Clippard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>241-09-4916</b>	
17. INFORMANT'S NAME AND ADDRESS <b>C. L. Everett</b>		18. DATE OF OPERATION <b>11-20-49</b>	
19. MAJOR FINDINGS OF OPERATION AND/OR AUTOPSY		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 14, 1949</b> , to <b>Nov. 16, 1949</b> , that I last saw the deceased alive on <b>Nov. 17, 1949</b> , and that death occurred at <b>11:20 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>E. R. Gray</b>		23b. ADDRESS <b>Roanoke Rapids, N.C.</b>	
23c. DATE SIGNED <b>11-20-49</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Nov. 19, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedarwood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Roanoke Rapids, N. C.</b>		25. FUNERAL DIRECTOR <b>Williams Funeral Home</b>	
DATE REC'D BY LOCAL REG. <b>12-20-49</b>		REGISTRAR'S SIGNATURE <b>E. R. Gray</b>	
25. FUNERAL DIRECTOR <b>Williams Funeral Home</b>		ADD. ESS. <b>Roanoke Rapids, N.C.</b>	