REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18501
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson — Registration District No. 404

(b) Township Kaw [illegible] — Primary Registration District No. 5558 — Registered No. 41

(c) City Dodson — (d) Street No. Dodson Missouri St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Melton Garrison

(a) Residence, No. Dodson Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1860

7. AGE — YEARS: 78 — MONTHS: 0 — DAYS: 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grindstone Pa

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Chas. R. Garrison Dodson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE June 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D W Newcomers Sons Brushcreek & Paseo

20. FILED May 31 1938 Mrs R Kirkpatrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1938

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1938, to May 29, 1938
I last saw him alive on May 29, 1938 Death is said to have occurred on the date stated above, at 6:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Chronic Nephritis	

Other contributory causes of importance: Cerebral Hemorrhage 7 day

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Geo H Jones, M. D.
(Address) 80th & Paseo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

X14028

Dr Geo H. Jones
80 & Paces Ja 1879
R-1435 E 78 - Ja 1907

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 Nell Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Brushcree

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, above space should be left blank.