

REC'D FEB 27 1939

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

1516  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Barnes, Barnes / Registration District No. 847  
(b) Township State / Primary Registration District No. 617E Registered No. \_\_\_\_\_  
(c) City Wata / (d) Street No. \_\_\_\_\_  
(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

612 Callie M. Garrison  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
74 4 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired  
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) West Virginia

FATHER 13. NAME Walter Garrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Elizabeth Hensley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Herbert Garrison (ADDRESS) Viola, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Viola Cemetery DATE Dec. 23, 1938

19. FUNERAL DIRECTOR Blanchenship's (ADDRESS) Monett - Pury

20. FILED Jan 11 - 1939 J. S. Bluffell Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1938 to Dec. 20, 1938.  
I last saw him alive on Dec. 20, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

apoplexy of brain  
Essential Hypertension  
Date of onset 12/2/38

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) E. M. Bluffell, M.D.

37 (Address) Cassville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-226

Date Filed FEB 11 1939

RECEIVED  
FEB 11 1939  
DISTRICT HEALTH OFFICER NO. 6  
D. H. BLANKENSHIP

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*L. H. Blankenship*

Licensed Embalmer No. 2397

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.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

15-16  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Barry Registration District No. 38  
 (b) Township Shell Knob Primary Registration District No. 5057  
 (c) City..... (d) Street No..... 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 Caleb M. Jarvis  
 (a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah M. Jarvis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-23-1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 4 27  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) West Virginia  
 FATHER 13. NAME Warden Jarvis  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
 MOTHER 15. MAIDEN NAME Elizabeth Donley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
 17. INFORMANT (ADDRESS) Robert Jarvis  
Viola mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wolu Cem DATE Dec 27 1938  
 19. FUNERAL DIRECTOR (ADDRESS) Blankenships  
Parry Donett  
 20. FILED 3/10 1938 Barry Walbridge  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20 1938  
 22. I HEREBY CERTIFY That I attended deceased from Dec 20 to Dec 20, 1938  
 I last saw him alive on Dec 20, 1938 Death is said to have occurred on the date stated above, at 8:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
apoplexy  
 Other contributory causes of importance:  
essential hypertension  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....  
 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) E. E. McDaniel M.D.  
 (Address) Cassville, Mo.

WRITE PLAINLY, WITH UNFADING INK...  
 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.  
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

