

Registration District No. 411Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper 2
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
310 Winfield
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 Years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mitchell B. Garrison 625

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years

7. Birth date of deceased March 12, 1852
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 8 9 hr. min.

9. Birthplace: Summerville Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Dealer11. Industry or business Real Estate Business ^12. Name Buck Garrison13. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)14. Maiden name Sadie McBride
(City, town, or county) (State or foreign country)15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)16. (a) Informant's own signature F. N. Scaffard(b) Address Joplin Mo.

17. (a) Burial (b) Date thereof 11-22-39
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webb City Cemetery18. (a) Signature of funeral director Harlbut Und Co.(b) Address 212 Joplin St. Joplin, Mo.

19. (a) 11-21-39 (b) [Signature]
 (Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin
 (If outside city or town limits, write "RURAL")
 (d) Street No. 310 Winfield
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 21
 year 1939 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-6-39
 _____, 19____, to 11-21-39, 19____,
 that I last saw him alive on 10-7-39, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death

General Arteriosclerosis

Due to _____

Due to ✓

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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 _____

28. Signature [Signature] (M. D. or other) _____
 Address Joplin Mo Date signed 11/21/39

RECEIVED

District Health Officer No. 6,

District File Number 1239-2504

Date Filed DEC 7 1939

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.....

Steve D. Parker

Licensed Embalmer No.....

2648

P. O. Address.....

907 W. 120th

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.