

No. 2
4-13-40
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FILED AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25401

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 138

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage
(c) Name of hospital or institution McKean Hospital
(d) Length of stay: In hospital or institution 1
In this community 1 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Carthage
(d) Street No. R # 4
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Phillip Wayne Garrison
(b) If veteran, name war 1
(c) Social Security No. 625

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7th
year 1940 hour 11 minute 21 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 12 years

21. I hereby certify that I attended the deceased from June 25, 1940, July 7, 1940
that I last saw him alive on July 7, 1940
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 25 1940
(Month) (Day) (Year)

Immediate cause of death Inanition - since birth
Duration

8. AGE: Years Months Days If less than one day
X X 12 hr. min.

Due to Congenitally weak

9. Birthplace Carthage Mo
(City, town, or county) (State or foreign country)

Due to

10. Usual occupation Child

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations 15 11 10

MOTHER FATHER { 12. Name Paul Garrison
13. Birthplace Peck City Mo
14. Maiden name Mathie Lander
15. Birthplace Mo Kentucky

Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Garrison
(b) Address R # 4 Carthage

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof July 8 1940
(c) Place: burial or cremation Friends Rest

(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?

18. (a) Signature of funeral director Walt C. Miller
(b) Address Walt City Mo

While at work? (Specify type of place)
(c) Means of injury

19. (a) July 8, 1940 (b) E. J. McEntire, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Boyd M.D. (M. D. or other)
Address Carthage Mo Date signed 7-8-40

Byrd

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.....

A. K. Mills..... Registered Apprentice No. *347*
working under my personal supervision.

Signed *A. K. Mills*.....

Licensed Embalmer No. *347*.....

P. O. Address.....

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.