

Registration District No. **170** Primary Registration District No. **5-2-5-E**

Registrar's No. **#7 22**

**NOV 19 1940**

1. PLACE OF DEATH:

(a) County Christian  
(b) City or town Sparta Mo. R.R.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sparta Twp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community 20 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian  
(c) City or town Sparta Mo. R.R.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Bennie Garrison

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Walter (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 16 1866  
(Month) (Day) (Year)

8. AGE: Years 74 Months 4 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John H. Shipman  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Margaret Stone  
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Millard Garrison  
(b) Address Sparta Mo. R.R.

17. (a) Lincoln (b) Date thereof July 12-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director T. B. Chabbert  
(b) Address Ozark Mo.

19. (a) 8-25-1940 (b) Jacqueline Merritt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 year 1940 hour 4:45 minute 4:45 P.M.

21. I hereby certify that I attended the deceased from Sept 1935 July 10 1940 to July 10 1940 that I last saw her alive on July 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic indurated heart with valvular lesions Duration \_\_\_\_\_

Due to Rheumatism

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

(e) Means of injury \_\_\_\_\_ (Specify type of place) \_\_\_\_\_

23. Signature R. R. Farthing (M. D. or other) \_\_\_\_\_  
Address Ozark Mo. Date signed 7/14/1940

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

RECEIVED

District Health Officer No. 6,

District File Number

~~1140-2873~~  
NOV 14 1940

Date Filed

**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.....

*Maurice Chaffin*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*Maurice Chaffin*

Licensed Embalmer No. *4118*

P. O. Address

*Ozark, Mo*

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.