

NOV 21 1940
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36205**

Registration District No. 700

Primary Registration District No. 5985

Registrar's No. 1703

1. PLACE OF DEATH:

(a) County Ripley
 (b) City or town Roughan Twp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Rural
(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 2
years, months or days

8. (a) PRINT FULL NAME William Jerome Garrison
 3. (b) If veteran, name war: _____ 3. (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: Nov. 9. 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>11</u>	<u>11</u>	hr. <u>1</u> min.

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

10. Usual occupation Farming

11. Industry or business for self

12. Name Garrison

13. Birthplace: _____
(City, town, or county) (State or foreign country)

14. Maiden name: _____

15. Birthplace: _____
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Garrison

(b) Address alonghan mo.

17. (a) Burial (b) Date thereof 10-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unity Cem.

18. (a) Signature of funeral director E. L. Jordan

(b) Address Ripley mo.

19. (a) Oct. 21-40 (b) C. B. Johnson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20
 year 1940 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from October 20, 1940, to October 20, 1940
 that I last saw him alive on October 20, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Indigestion

Due to Eating fermented grapes and peeps.

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1140

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? in

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

23. Signature J. E. Williams (M. D. or other) _____

Address Ripley, Mo. Date signed _____

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

MOTHER FATHER

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



Licensed Embalmer No. 3200

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, above space should be left blank.