DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11151

FILED APR 9 1941

Registration District No. 460

Primary Registration District No. 4224

Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County: Lafayette
(b) City or town: Higginsville Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: / (Specify whether years, months or days)
In this community: 62 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lafayette
(c) City or town:
(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.

3. (a) PRINT FULL NAME: Frank Garrison
3. (b) If veteran, name war: No.
3. (c) Social Security No.:
4. Sex: M C
5. Color or race: W
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: May 17 1941 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	8	19	hr. min.

9. Birthplace: Huntsville Pa. / (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer Mines. Tiling
11. Industry or business: laying and concrete work
MOTHER FATHER
12. Name: Gaylor Garrison
13. Birthplace: Huntsville Pa. / (City, town, or county) (State or foreign country)
14. Maiden name: Harrit Bickler
15. Birthplace: Huntsville Pa. / (City, town, or county) (State or foreign country)
16. (a) Informant: Opal Gladys Street
(b) Address: Higginsville Mo.
17. (a) Burrial (Burial, cremation, or removal) (b) Date thereof: 9th-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Higginsville Mo.
18. (a) Signature of funeral director: Walter T Meinershag
(b) Address: Higginsville Mo
19. (a) April 5-41 (Date received local registrar) (b) Tiffany Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb6 day 6th year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 1938, 19, to Feb 6, 19 41, that I last saw him alive on Feb 5th, 19 41, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	Jan 10-41
Due to: Hypertension	Years
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis	
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): no
(b) Date of occurrence: no
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 412 none (Specify type of place)
While at work? (e) Means of injury:
23. Signature: E. M. Moore (M. D. or other) MD
Address: Higginsville Mo Date signed: 2-8-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
Case File Number
Date Filed 4-7-41

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 Roy F Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11151

Registration District No. 460 Primary Registration District No. 4274 Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Higginsville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Frank Garrison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 1866 years

7. Birth date of deceased May (Month) 17 (Day) ~~1941~~ (Year)

8. AGE: Years 74 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 6-8-41 (Date received local registrar) (b) Tezzang Webb (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature E M Moore (M. D. or other)
Address Higginsville Mo Date signed

SUPPLEMENTARY

(Licensed Embalmer's Statement on Reverse Side)

1941
S-11151

1881

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.