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17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21073

Registration District No. 1150

Primary Registration District No. 5084

State File No. _____

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Bates
(b) City or town New Home
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural
(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 Commodore S. 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 Widower

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

7. Birth date of deceased April 7 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 2 15 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Garrison

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

14. Maiden name Druscilla Baily

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

16. (a) Informant Mrs Harlan Vodrey
(b) Address Rich Hill, Mo.

17. (a) Burial (b) Date thereof 6 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director T. O. & R. S. Rensley

(b) Address Rich Hill, Mo.

19. (a) June 23, 1941 (b) Clayton Allen M.D.
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1941 hour _____ minute _____ A.M.

21. I hereby certify that I attended the deceased from June 4 to June 22, 1941
that I last saw him alive on June 20
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to _____

Due to g30

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? _____

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

23. Signature Clayton Allen (M. D. or other) _____

Address Rich Hill, Mo. Date signed 6/23/41

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

700

700

MOTHER FATHER

RECEIVED

District Health Officer No. 7,

District File Number 7-41-1180

Date Filed 7-14-41

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. Hudson Reavley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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, fact should be so stated above.