

S. No. 2
A-1-4-41
7. 5-17-39
X26390

Harold K. Kidd.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28054
Registrar's No. 126

FILED SEP 8 1941

Registration District No. 198

Primary Registration District No. 3011

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Galena Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Galena Springs Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 4 days 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stark
(c) City or town Joules
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME BYRON KEITH GARRISON

3. (b) If veteran, name war World War Veteran 3. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 8, 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 19 If less than one day hr. min.

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

10. Usual occupation Insurance

11. Industry or business _____

12. Name William L Garrison

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

14. Maiden name Anna R. Stuydler

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

16. (a) Informant Mrs. W. L. Garrison

(b) Address Joules Ill.

17. (a) Removed (b) Date thereof July 31-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Joules Ill.

18. (a) Signature of funeral director Herbert Hays

(b) Address Galena Springs Mo.

19. (a) Aug 29-1941 (b) Mrs. R. McCracken
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28th
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from 8-27-41
to 8-28-41 1941;
that I last saw him alive on 8-28- 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Surgical shock associated with Mercuric Iodine and Congenital adhesions
Due to Valvular and Congenital adhesions
Due to _____

Other conditions 157g
(Include pregnancy within 3 months of death)

Major findings: Of operations Mercuric Iodine & Valvular
Of autopsy _____

Duration hours
1 day
2 day
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? _____

While at work? _____ (Specify type of place)
Means of injury St. Hubert
23. Signature Dr. J. H. Hays M. D. _____
Address Galena Springs Mo. Date signed 8/29/41

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

24
1
1

NOV 3 1948

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-3-41

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 *Charles Virgil Hape*
Licensed Embalmer No. *3950*
P. O. Address *Graham Springs, N.C.*

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.