

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 1 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27958

State File No. _____

Registration District No. 68

Primary Registration District No. 5-266

Registrar's No. 21

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark Mo. Finkley
(c) Name of hospital or institution Rural
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucile Garrison
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 13 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 11 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Book Stenographer

11. Industry or business _____
12. Name London Garrison
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Emie Robert
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Emie Garrison
(b) Address Ozark Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Aug 3-4 1943
(Month) (Day) (Year)
(c) Place: burial or cremation Ozark cemetery

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

19. (a) Sept 1, 1943 (Date received local registrar) (b) Miss Nadlow Stine (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Christian
(c) City or town Ozark Mo-rural
(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 Aug day 3 year 1943 hour 7:15 minute 40 AM
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.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Smoked
(b) Date of occurrence Aug 3 1943
(c) Where did injury occur? Ozark Christian Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Barn at home
While at work? _____ (Specify type of place) (e) Means of injury hanging
23. Signature M.D. Logan Acting (M.D. or other) Downd
Address Ozark Mo Aug 18-43 date signed

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

002

1279

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6;
District File Number 943-1040
Date Filed SEP 11 1943

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 T. B. Chaffin
Licensed Embalmer No. 2192
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, fact should be so stated above.