

AUG 23 1943

Registration District No.

Primary Registration District No. 2000

Registrar's No.

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Springfield Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas  
(c) City or town Ava  
(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 Jasper Columbus Garrison

3. (b) If veteran, name war No 3. (c) Social Security No. 494-18-4850

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

6. (b) Name of husband or wife Sarah Louisa Garrison 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 27 1872  
(Month) (Day) (Year)

8. AGE: Years 70 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Clerk in Store

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ben Garrison  
13. Birthplace Unk. Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Eytower  
15. Birthplace Unk. Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. V. Clinkingbeard  
(b) Address Ava, Missouri

17. (a) Burial (b) Date thereof 8-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ava Mo.

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri

19. (a) 8-13-43 (b) Dr. W. J. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10  
year 1943 hour 12 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 9 1943 to Aug 10 1943  
that I last saw him alive on Aug 10 1943 and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_  
Immediate cause of death \_\_\_\_\_

Basal skull fracture  
Due to \_\_\_\_\_

Injury - Fell down stairs  
Due to \_\_\_\_\_

Other condition: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 10/15  
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) Accident

(b) Date of occurrence Aug 6, 1943

(c) Where did injury occur? Ava, Douglas, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Down stairs in Ava

While at work? No (Specify type of place) (e) Means of injury Fell down

23. Signature W. J. Handley (M.D. or other) M.D.

Address Springfield, Mo. Date signed 8-12-43

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

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**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..... *W.B. Hutchinson* .....  
Licensed Embalmer No... *3431* .....  
P. O. Address... *Oran, 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.**

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