S. No. 2
M—9-4-41
5-17-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

34938

State File No.

FILED OCT 19 1943

Registration District No. 11 | Primary Registration District No. 5040 | Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County: Barry
(b) City or town: Rural Exeter Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Exeter, Mo. R#1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry
(c) City or town: Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: Exeter, Mo. R#1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Sarah Jane Garrison

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Female

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: September (Month) 29 (Day) 1855 (Year)

8. AGE: Years: 87 | Months: 11 | Days: 26 | If less than one day: hr. min.

9. Birthplace: — (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Abe Davidson
13. Birthplace: Not Known (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name: Elizabeth Gibson
15. Birthplace: Not Known (City, town, or county) (State or foreign country) 9

16. (a) Informant: Zola Higgs
(b) Address: Exeter, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 27 (Month) (Day) 45 (Year)
(c) Place: burial or cremation: Clark Cem. E. Wheaton

18. (a) Signature of funeral director: Wm Morris Pope
(b) Address: Wheaton, Mo.

19. (a) Oct 7-1943 (Date received local registrar) (b) Grace Williams (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 25 year: 1943 hour: 5 minute: P M.

21. I hereby certify that I attended the deceased from Sept 17 1943 to Sept 25 1943 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar Pneumonia	8 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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: O. S. McCall (M. D. ~~or other~~)
Address: Wheaton Mo. Date signed 10-1-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1043-1154
Date Filed OCT 13 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 Wm Morris Pogue

Licensed Embalmer No. 3442

P. O. Address Wheeler, 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.