

FILED AUG 18 1945

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 72

Primary Registration District No. 5289

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Rural, Gallatin
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 10 years
In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME BETTIE LARRISON

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife James A. Garrison 6. (c) Age of husband or wife if alive 17 years
7. Birth date of deceased Oct 17 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 28 If less than one day hr. min.

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

10. Usual occupation R. W.

11. Industry or business

12. Name J. L. Young

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

14. Maiden name

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

16. (a) Informant James M. Garrison

(b) Address Mo K Cmo R 5

17. (a) Burial (b) Date thereof 8-13-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Morton Ford

(b) Address no Kansas City Mo

19. (a) Aug 13-1945 (b) Paul Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug, day 10, year 1945, hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from 1945 to 1945, 19... 19... that I last saw Coroner's Case all Coroner's Case 19... and that death occurred on the date and hour stated above. Duration

Immediate cause of death Coronary Occlusion

Due to Coronary Occlusion

Due to Coronary Occlusion

Other conditions (Include pregnancy within 3 months of death) None

Major findings Of operations Coronary Case

Of autopsy

PHYSICIAN

Use outline the cases 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? Yes (Specify type of place) _____

23. Signature Paul Henry (Specify type of place) Coroner

Address Mo Kansas City Mo Date signed 8/13/45

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-16-45

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed

John S. Norton

Licensed Embalmer No. 7348

P. O. Address. 401 E. 11th

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.