

FILED APR 2 1946
Registration District No. 314

Primary Registration District No. 6063

Registrar's No. _____

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

1. PLACE OF DEATH:
(a) County... St. Clair
(b) City or town... Iconium - near Jackson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... All of Life (Specify whether years, months or days) 74 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State... Missouri (b) County... St. Clair 93
(c) City or town... Iconium (If outside city or town limits, write "RURAL") 0
(d) Street No... 0 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. **DATE OF DEATH:** Month February day 27 year 1946 hour _____ minute 0 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 69 years

21. I hereby certify that I attended the deceased from 2-23, 1946 to _____, 19____; that I last saw him alive on 2-23, 1946 and that death occurred on the date and hour stated above.

7. Birth date of deceased December 6 (Month) 1871 (Day) (Year)
8. **AGE:** Years 74 Months 2 Days 21 If less than one day hr. _____ min. _____

Immediate cause of death... Coronary Thrombosis
Due to Hegh B.P.
Due to Chronic nephritis

9. Birthplace St. Clair County Missouri (City, town, or county) (State or foreign country) 17
10. Usual occupation Merchant

Other conditions none (Include pregnancy within 3 months of death)
Major findings: Of operations 134
Of autopsy none

11. Industry or business _____
12. Name Richard E. Garrison
13. Birthplace Tennessee (City, town, or county) (State or foreign country) 1
14. Maiden name Anna Corbin
15. Birthplace St. Clair County Mo. (City, town, or county) (State or foreign country) 1

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Florence Garrison
(b) Address Iconium Missouri
17. (a) **Burial** (b) Date thereof 3-1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Iconium Missouri

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? _____

18. (a) Signature of funeral director Oseola Funeral Home
(b) Address Oseola Missouri
19. (a) 3-11-46 (Date received local registrar) (b) Wuth Garrison (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature Wuth Garrison (M. D. or other) _____
Address Oseola Date signed 3/11/46

RECEIVED

District Health Officer No. 7,

District no. number 3-46-238

Date Filed 4-1-46

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 J. B. Guadalupe

Licensed Embalmer No. 3028

P. O. Address Cresk No

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.