S. No. 2
M—8-43
. 5-17-39
I X37823

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

13027

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 2 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14124

Registration District No. 286 Primary Registration District No. ~~286~~ 5978 Registrar's No.

1. PLACE OF DEATH:
(a) County Polk
(b) City or town Rural Johnson Twp.
(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 (Specify whether years, months or days)
In this community 60 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Polk 84
(c) City or town Rural Johnson Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES T. GARRISON
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida B. Garrison
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 14 (Day) 1866 (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	26	hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Farmer
11. Industry or business
FATHER 12. Name James Garrison
13. Birthplace Unknown (City, town, or county) ? (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ? (State or foreign country)
16. (a) Informant Homer Garrison
(b) Address Humansville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 14, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Humansville Cem.
18. (a) Signature of funeral director E. H. Grimm
(b) Address Humansville, Mo.
19. (a) Apr. 12, 1946 (Date received local registrar) (b) Lucille Kirkpatrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1946 hour 6:30 minute P. M.
21. I hereby certify that I attended the deceased from January, 1946 to April 10, 1946; that I last saw him alive on April 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
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 G. G. Robinson (M. D. or other) MD
Address Humansville, Mo. Date signed 4/10/46

262 (Licensed Embalmer's Statement on Reverse Side)

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

by me, Registered Apprentice No.

working under my personal supervision.

Signed E H Primm

Licensed Embalmer No. 4282

P. O. Address Humansville, 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.