

No. 2
-5-43
17:39
336671

FILED SEP 23 1947

Registration District No. 13

Primary Registration District No. 5062

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Barry Co
(b) City or town Purdy - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 55 yrs years, months or days

3. (a) PRINT FULL NAME Orvil - Rice Garrison
3. (b) If veteran, name war none
3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ada A. Garrison
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased: Oct 2 - 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 3 hr. min.

9. Birthplace: Christian Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

11. Industry or business
12. Name Rush Garrison
13. Birthplace Mo. K.
(City, town, or county) (State or foreign country)
14. Maiden name Martha E. McQueen
15. Birthplace Mo. K.
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Garrison
(b) Address Purdy Mo RR.
17. (a) Burial (Burial, cremation, or removal) Clark Cemetery
(b) Date thereof Aug 10 - 47
(Month) (Day) (Year)
(c) Place: burial or cremation Clark Cemetery

18. (a) Signature of funeral director Wheaton Funeral Home
(b) Address Wheaton Mo

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature) 12

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
(c) City or town Purdy Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 5
year 1947 hour 2 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Stroke
Death Instant
never treated
him before
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 191
19

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? 5

23. Signature J. S. Baldwin (M. D. or other) 2
Address Purdy Mo Date signed 8-14-47

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..... *G. E. Culver*

Licensed Embalmer No. *3584*

P. O. Address *Cassville 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.

Registration District No. *13*

Primary Registration District No. *5062*

1. PLACE OF DEATH:

(a) County *Barry*
(b) City or town *Purdy*
(If outside city or town limits, write "RURAL" and name of township) *Rural*
(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)
In this community *55 yrs.* years, months or days

3. (a) PRINT FULL NAME *Orville E. Garrison*
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex *m* 5. Color or race *w* 6. (a) Single, widowed, married, divorced *m*

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased *Oct 2* (Month) (Day) (Year)

8. AGE: Years *65* Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name *Orville E. Garrison*

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

14. Maiden name *Martha E. McQueen*

15. Birthplace *OK Va.* (City, town, or county) (State or foreign country)

16. (a) Informant *Ada Garrison*

(b) Address *Purdy Mo R.R.*

17. (a) (Burial, cremation, or removal) *Clark Cemetery* (b) Date thereof *4-10-47* (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director *Wheaton F. Moore*

(b) Address *Wheaton, Mo.*

19. (a) *10-20-47* (Date received local registrar) (b) *W. M. West* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year *1947* hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death *Heart Stroke*

Due to *Death Instant*
Due to *never healed*
Other conditions *him before*
(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? _____

23. Signature *J. O. Baldwin* (Specify type of place) (e) Means of injury _____

Address *Purdy, Mo* Date signed *8-7-47*

SUPPLEMENTARY

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

No. 2B
1-3
543860

S-30274