

FILED FEB 26 1948

State File No. _____

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 32

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: near Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital # 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 26 yrs. 7 mos. 26 d.
(Specify whether years, months or days)

In this community: 26 years - 7 mos. - 26 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nancy

(c) City or town: Blairtown
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME: OSCAR GARRISON

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14
year 1948 hour 8:10 minute _____ P.-M.

21. I hereby certify that I attended the deceased from 6-26-46 to 2-14-1948
that I last saw him alive on 2-14-1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Arteriosclerosis

Due to: _____

Due to: _____

Other conditions: none
(Include pregnancy within 3 months of death)

4. Sex: M Color or race: W

6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: None

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: 12-13-1898
(Month) (Day) (Year)

Major findings: no operations

Of operations: _____

Of autopsy: findings as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): No!

(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? _____

8. AGE: Years Months Days If less than one day

70 2 1 _____ hr. _____ min.

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

10. Usual occupation: Laborer

11. Industry or business: none

MOTHER FATHER

12. Name: William Harrison

13. Birthplace: Cass County Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Eva Hawker

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant: Records

(b) Address: State Hospital # 3

17. (a) Rural (Burial, cremation, or removal)

(b) Date thereof: Feb. 18 1948
(Month) (Day) (Year)

(c) Place: burial or cremation: State Hospital Cemetery

23. Signature: W. B. Beach (M. D. or other) _____

Address: State Hosp # 3

Date signed: 2-14-48

18. (a) Signature of funeral director: Ferry General Home

(b) Address: Nevada, Missouri

19. (a) 2-15-48 (Date received local registrar)

(b) W. H. Hays (Registrar's signature)

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

RECEIVED
District Health Officer No. 7;

District File Number 1-48-112

Date Filed 2-25-48

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 L. J. Ferry

Licensed Embalmer No. 1760

P. O. Address Neveada, Missou

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.