

FILED APR 22 1948

Registration District No. 128

Primary Registration District No. 5466

Registrar's No.

1. PLACE OF DEATH: Greene
 (a) County Greene
 (b) City or town Rural Springfield - S. Campbell Twp.
 (c) Name of hospital or institution: R. F. D. 7 /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 27 Days
 In this community 27 Days
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Greene 39
 (c) City or town Springfield
 (d) Street No. R. F. D. 7, Box 446
 (e) Citizen of foreign country? No
 If yes, name country

3. (a) PRINT FULL NAME Wanda Kay Garrison
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 14
 year 1948 hour 4 minute 30 A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased March 17, 1948
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-17-1948 to 11-13-1948
 that I last saw h. alive on 19
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
 0 0 27 hr. min.

Immediate cause of death
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

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

10. Usual occupation Infant

11. Industry or business At Home

MOTHER FATHER
 12. Name G. R. Garrison
 13. Birthplace Springfield Mo.
 14. Maiden name Velma Miller Texas
 15. Birthplace

Major findings:
 Of operations
 Of autopsy
 Underline the cause to which death should be charged statistically.

16. (a) Informant G. R. Garrison
 (b) Address R. 7, Springfield Mo.

17. (a) Burial (b) Date thereof 4-15-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood
 18. (a) Signature of funeral director W. Klingner & Co.
 (b) Address Springfield Mo.

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?
 (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

19. (a) 4/15/48 (b) W. E. Handley
 (Date received local registrar) (Registrar's signature)

23. Signature W. Kelly (M. D. or other) M.D.
 Address Springfield Mo. Date signed 4-15-48

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

nelly

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 *Max Rhodes*.....

Licensed Embalmer No. *4071*.....

P. O. Address *Springfield*.....

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.