

FILED JUL 15 1948

State File No. _____

Registration District No. 15Primary Registration District No. 3004Registrar's No. 34

1. PLACE OF DEATH:

(a) County Barton
 (b) City or town Lamar
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1301 Poplar Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 38 years
 (years, months or days)

3. (a) PRINT FULL NAME Samuel Abner Garrison

3. (b) If veteran, name war No
 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Goldie Garrison 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 21 1874
 (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 14 If less than one day
 hr. _____ min. _____

9. Birthplace Ft. Scott Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Railroad Man

11. Industry or business _____

12. Name John Garrison

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

14. Maiden name Eliza Yant

15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Samuel A. Garrison

(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof June 7, 1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Cemetery

18. (a) Signature of funeral director Chiles Funeral Home

(b) Address Lamar, Mo.

19. (a) JUN 7 - 1948 (b) Marie Korantz
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton
 (c) City or town Lamar
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1301 Poplar
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 5
 year 1948 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from January 12
1948 to June 5 1948
 that I last saw him alive on June 15 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary occlusion Duration 24 hours

Due to Arteriosclerosis generalized Chronic nephritis
 Duration 10 years 6 mo.

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?

While at work? _____ (Specify type of place)
 (e) Means of injury 0

23. Signature Milton H. Hollenmeyer M. D. or other M.D.

Address Lamar Missouri Date signed June 7, 48

RECEIVED

District Health Officer No. 6,

District File Number 148-755

Date Filed JUL 12 1948

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 Clarence W. Chiles

Licensed Embalmer No. 2473

P. O. Address Lomas Mesa

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.