FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 2 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22215

Primary Registration District No. 1000

Registrar's No. 788

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2608 Walnut
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2608 Walnut Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Susan Garrison

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased September (Month) 27 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	26	..... hr. ..... min.

9. Birthplace Atchison County (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Charles Ingersoll
13. Birthplace Ontario Canada (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Reecca Skelton
15. Birthplace Vincennes Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Walter Garrison
(b) Address 2608 Walnut Str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Herman W. Sidenfaden
(b) Address 1802 Union, St. Joseph Mo.

19. (a) 7-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1948 hour 10 minute - P. M.

21. I hereby certify that I attended the deceased from June 19, 1948 to July 23, 1948; that I last saw her alive on July 23, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
① Carcinoma of Cervix	?
② Generalized abdominal Metastasis approx	3 months
③ Cachexia	1 month

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

Major findings:
Of operations .....
Of autopsy .....

486

PHYSICIAN

Underline the cause of 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 Wm. B. Rost (M. D. or other) M.D.

Address 510 Carby Bldg. St. Joseph, Mo. Date signed 7-24-48

Jefferson City Printing Co.

(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~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.