

FILED AUG 18 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25443

State File No.

Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 21

## 1. PLACE OF DEATH:

(a) County Benton  
 (b) City or town WARSAW  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution NONE  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ✓ (Specify whether  
 In this community wife years, months or days)

## 3. (a) PRINT

FULL NAME VIRGINIA GARRISON

3. (b) If veteran,

name war NO

3. (c) Social Security

No. NO

4. Sex FEMALE 5. Color or race W  
 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if  
 alive 29 years  
 7. Birth date of deceased August 29 1865  
 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 10 If less than one day  
 hr. min.

9. Birthplace Benton County MO  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name CHARLEY SALLEY

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

14. Maiden name WINNA BYBEE

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

16. (a) Informant HOBART W. GARRISON

(b) Address LINCOLN, MO

17. (a) BURIAL (b) Date thereof 8/11/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Johnson Cemetery

18. (a) Signature of funeral director John F Reser

(b) Address WARSAW, MO

19. (a) 8/14/48 (b) 23 Jao. Logan  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
 (c) City or town WARSAW  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 0  
 (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 9  
 year 1948 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from  
June 1, 1948 to Aug 9, 1948  
 that I last saw her alive on Aug 8, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration 1 yr  
 Due to No other cause de-  
termined

Due to 162B  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations 162B  
 Of autopsy

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)  
 (c) Means of injury 2

23. Signature Emmally (M. D. or other) DO  
 Address Warsaw, Mo Date signed 8/10/48

RECEIVED  
District Health Officer No. 7,  
District File Number 7-48-955  
Date Filed 8-17-48

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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.....

*John A. Row*

Licensed Embalmer No. 4098

P. O. Address Warsaw

**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.**