

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

36129
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 318
 (b) Township S Primary Registration District No. 5440
 or SPRINGFIELD
 (c) City SPRINGFIELD (d) Street No. Springfield P. #9, Box 203 St. Mo.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 0 yrs. 0 mos. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant daughter Mrs & Mrs Melvin G Garrison
 (a) Residence, No. Box 9 Box 203 St. (If nonresident, give city or town and State) Mo. #9

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still born

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo

FATHER

13. NAME Melvin G Garrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stantland Camden Co, Mo

MOTHER

15. MAIDEN NAME Maggie Alice Crow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Republic Mo

17. INFORMANT (ADDRESS) Melvin G Garrison 139 Box 203

18. BURIAL, CREMATION, OR REMOVAL PLACE Brownline Mo DATE Oct 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thieme Springfield Mo

20. FILED Oct 5 1939 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1939

22. I HEREBY CERTIFY, That I attended deceased from 10, 5, 39, 1939 to 10, 5, 39, 1939.
 I last saw her alive on Still born - 10, 5, 1939 Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:
Pre-natal separation of placenta

Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? — Date of injury —, 19—
 Where did injury occur? — (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify —
 (Signed) J. Munch, M. D.
 (Address) Springfield, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Was not Embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Ralph Thomas

Licensed Embalmer No. *3681*

P. O. Address *J. Mo.*

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, above space should be left blank.

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