

S. No. 2
M-1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11011

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 121

049
5-25
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2005 Grand ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 6 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jasper 049
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 2005 Grand ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leslie Garrison

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Beulah Garrison

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

7. Birth date of deceased Aug 29 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baptist Minister

11. Industry or business _____

MOTHER FATHER

12. Name Leslie Garrison

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

14. Maiden name Fannie Starlin

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

16. (a) Informant Mrs. Leslie Garrison

(b) Address Joplin Mo.

17. (a) Removal (b) Date thereof 3-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill Crest

18. (a) Signature of funeral director Harveys

(b) Address Harveys, Kansas

19. (a) 3-30-42 (b) Gustav Sudhalter
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 28
year 1942 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 1/28 to 3/28
that I last saw him alive on 3/27-42 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage

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

Major findings: 430
Of operations _____
Of autopsy _____

Duration

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 _____
23. Signature [Signature] (M. D.)
Address Joplin Mo. Date signed 3/28/42

1264 (Licensed Embalmer's Statement on Reverse Side)

42.3.278

APR 28 1929

JUN 21 1929

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 Steve R Parker

Licensed Embalmer No. 25468

P. O. Address Golden MS

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.