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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16518

Registration District No. 50

Primary Registration District No. 5176

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Camden Angeline Twp

(b) City or town Stoutland, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9 mi north - Star Route
(If not in hospital or institution, write street number or location)

(d) Length of stay: In ~~hospital or institution~~ home (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Stoutland Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Star Route
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mollie Garrison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W

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

6. (b) Name of husband ~~or wife~~ Elijah

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

7. Birth date of deceased Nov (Month) 28 (Day) 1858 (Year)

8. AGE: Years 86 ~~68~~ Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business farming

FATHER
12. Name Wm Newland
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Jane Hamilton
15. Birthplace (City, town, or county) Texas (State or foreign country)

16. (a) Informant Tony Mara
(b) Address Versailles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 31-45 (Month) (Day) (Year)
(c) Place: burial or cremation Camp Grounds, Cem

18. (a) Signature of funeral director Bankson Woolery
(b) Address Camdenton, Mo

19. (a) June 8, 1945 (Date received local registrar) (b) Edith Nelson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1945 hour 1 minute A M.

21. I hereby certify that I attended the deceased from May 1944, 19__, to May 29, 1945;
that I last saw her alive on May 28, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage — Duration 1944

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation
Of autopsy no

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

23. Signature E. E. Cleesbone, M.D. (Other)
Address Camdenton, Missouri Date signed 6-8-45

1337

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 5-45-515-4
Date Filed 6-12-45

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 Abbie Bankson Woolvey

Licensed Embalmer No. 2488

P. O. Address Camdenton, 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, fact should be so stated above.