S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30079

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 237

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 620 N. Third St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 13 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 620 N. Third St. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME THOMAS LEE GARRISON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife India Ethel Baker Garrison

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

7. Birth date of deceased 7 - 30 - 1875 (Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Shelbyville (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Barber

11. Industry or business

FATHER
12. Name J.W. Garrison
13. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Frances Settles
15. Birthplace Unknown 4 (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Garrison
(b) Address 620 N. Third St., Columbia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parker Funeral Service
(b) Address Columbia, Mo.

19. (a) 9-13-45 (Date received local registrar) (b) Mrs R E Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1945 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from August 26, 1945, to September 13, 1945; that I last saw him alive on September 12, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death McTastatic Carcinoma of other and unspecified organs — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 552
Of autopsy

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 J. B. Sanguels (M.D. or other) D.O.
Address Dulles Bldg, Columbia Date signed 9/13/45

1425 — (Licensed Embalmer's Statement on Reverse Side)

OCT - 8 1945

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 W. D. McWhitsides

Licensed Embalmer No. 3893

P. O. Address Columbia 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.