

No. 2  
-5-43  
5-17-39  
I - X3667

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8796**

Registration District No. **50** Primary Registration District No. **5179** Registrar's No. **11**

1. PLACE OF DEATH:  
(a) County **Camden**  
(b) City or town **Sum Creek Rural**  
(c) Name of hospital or institution: **Laura Hutton Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **no** (Specify whether years, months or days) **life**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Camden**  
(c) City or town **Sum Creek Rural**  
(If outside city or town limits, write "RURAL") **Curley**  
(d) Street No. **Laura Hutton Home**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **William Counselor Garrison**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb** day **18** year **1946** hour **8** minute **0** M.  
21. I hereby certify that I attended the deceased from **Feb 18**, 19**46** to **Feb 18**, 19**46**  
that I last saw h. **im.** alive on **Feb. 18**, 19**46**  
and that death occurred on the date and hour stated above.

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife **Emma Jane Clark** 6. (c) Age of husband or wife if alive **3** years **1859**  
7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death **Lobar Pneumonia** **46**  
**Fever - acute**  
Duration

8. AGE: Years **87** Months **2** Days **15** If less than one day

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

9. Birthplace **Camden County Mo.**  
(City, town, or county) (State or foreign country)

Major findings: **None**  
Of operations **None**  
Of autopsy **None**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation **Farming**

11. Industry or business

12. Name **Jimm Garrison**

13. Birthplace **Camden Mo.**

14. Maiden name **Maryquite Nealey**

15. Birthplace **Camden Mo.**

16. (a) Informant **Mrs John Pope**  
(b) Address **Rich Hill, Mo.**

17. (a) **Burial** (b) Date thereof **2-22-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Freedom Cem.**

18. (a) Signature of funeral director **Banksen-Woolley**  
(b) Address **Camden, Mo.**

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. J. Carball** (Date received local registrar) (b) **3-6-46**  
Address **Camden, Mo.** Date signed **3-6-46**

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

MOTHER FATHER

REC'D  
D.M.A.

TEST NO. 7:  
3-46-298  
~~4-5-46~~

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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 Albi Banker Woolery

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.**