

**FILED MAY 9 1946**  
Registration District No. **146**

Primary Registration District No. **5568**

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

**1. PLACE OF DEATH:**  
 (a) County **Jackson** *Rural*  
 (b) City or town **Kansas City Blue turf**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **9422 East 7th St. Kansas City Mo.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **24 Years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** *48*  
 (c) City or town **Kansas City Blue turf** *0*  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **9422 E. 7th St.** *Rural 0*  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Richard August Garrison**  
 (b) If veteran, **No** name war \_\_\_\_\_  
 (c) Social Security No. **499 07 4092**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **April** day **6**  
 year **1946** hour **11** minute **5** P.M.

**4. Sex** **Male** *0* **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **Grace Mae Garrison**  
**6. (c) Age of husband or wife if alive** **60** years  
**7. Birth date of deceased** **March 22 1891**  
 (Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>55</b>	<b>0</b>	<b>14</b>	hr. _____ min. _____

Immediate cause of death **Hypertensive Cardiac vascular disease, cardiac enlargement, auricular fibrillation & acute failure.**  
**Due to** *the hypertensive C.V. disease*

**9. Birthplace** **Owensville Indiana**  
 (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

**10. Usual occupation** **Custodian**  
**11. Industry or business** \_\_\_\_\_  
**MOTHER** { **12. Name** **Sanford Garrison**  
**13. Birthplace** **Ohio**  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** **Sarah Compton**  
**15. Birthplace** **Indiana**  
 (City, town, or county) (State or foreign country)

**PHYSICIAN** \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
**Major findings:** *930*  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

**16. (a) Informant** **Mrs. Grace Mae Garrison**  
**(b) Address** **9422 E. 7th St. K.C. Missouri**  
**17. (a) Burial** (b) Date thereof **4-9-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Floral Hills Cem. E.C. 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? \_\_\_\_\_

**18. (a) Signature of funeral director** **George C. Carson**  
**(b) Address** **Independence, Missouri**  
**19. (a) Apr. 27-1946** (b) *J. W. Tracy*  
 (Date received local registrar) (Registrar's signature)

**23. Signature** *Chas. E. Nelson, M.D.* (M.D. or other) \_\_\_\_\_  
 While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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.....

*Floyd Gibson*

Licensed Embalmer No. *4199*

P. O. Address *St. Louis, 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.**