

FILED SEP 3 1946

STANDARD CERTIFICATE OF DEATH

State File No. 26524

Registration District No. 55

Primary Registration District No. 3011

Registrar's No. 111

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Staten Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Frankie Joyce Garrison

8. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced S /

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 6 1944  
(Month) (Day) (Year)

8. AGE: Years 2 Months 1 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Brunswick 1770  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Floyd Garrison  
13. Birthplace Triplatt 1770  
(City, town, or county) (State or foreign country)  
14. Maiden name Louella Bohannon  
15. Birthplace Carroll Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rosie Garrison  
(b) Address Triplatt, Mo.

17. (a) BURIAL (b) Date thereof 8-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc. Cullough Cemetery

18. (a) Signature of funeral director Dawson J. Edwards  
(b) Address Brunswick Mo.

19. (a) 8/12/46 (b) Mr. Herbert Colvert  
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. Staten Clinic  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11  
year 1946 hour 2 minute 25 AM

21. I hereby certify that I attended the deceased from Aug 10 1946 to Aug 11 1946  
that I last saw her alive on Aug 11 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 4 da.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations 107  
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) (Means of injury)

23. Signature R. H. ... (M. D. or other) MD  
Address Carrollton Mo. Date signed Aug 12 1946

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

20170

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed

8-31-46

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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

*David J. Edwards*

Licensed Embalmer No.

3265

P. O. Address

Bonworth Md

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, above space should be left blank.