

Registration District No. 82 Primary Registration District No. 3017

1. PLACE OF DEATH:

(a) County Cooper

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

(c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks  
(Specify whether years, months or days)

In this community 5 Weeks

3. (a) PRINT FULL NAME INDIA ETHEL GARRISON

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thos. L. Garrison

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

7. Birth date of deceased 10 - 26 - 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>14</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Albertus Eugene Baker

13. Birthplace Epworth Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louella Catherine Bailey

15. Birthplace Bremer County Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Lee Harrison

(b) Address Columbia, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-10-46  
(Month) (Day) (Year)

(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Parsons Funeral Service

(b) Address Columbia, Mo.

19. (a) Sept. 11, 46 (Date received local registrar) (b) Clay Morris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

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

(d) Street No. 619 N. 8th St.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10  
year 1946 hour 11.30 minute 4 M.

21. I hereby certify that I attended the deceased from Aug 2, 1946 to Sept 10, 1946  
that I last saw he alive on Sept 10, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic gangrene  
operated 9-5-46

Due to Diabetes mellitus  
about 10 years

Due to 61

Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings: gangrene left leg  
Of operations extending to amputation of leg

Of autopsy

Duration between

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) (c) Means of injury

23. Signature W. E. Shaw (M. D. or other) W. E. Shaw  
Address Boonville, Mo. Date signed 9-12-46

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

28728

27  
1  
2

RECEIVED

District Health Officer No. 8,

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

Date Filed 9-21-46

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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 Tom M. Harg

Licensed Embalmer No. 4067

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.