. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2188

State File No.

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 12

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 94

(c) City or town Campbell RURAL 2 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route #2 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SALLY GARRISON

3. (b) If veteran, name war No

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 Robert Garrison

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

7. Birth date of deceased December (Month) 2, (Day) 1859 (Year)

8. AGE: Years 87 Months 1 Days 6 If less than one day hr. min.

9. Birthplace Wayne County, (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Philips
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Rocky Hill Cem., Campbell, Mo.

18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell, Missouri

19. (a) 1-22-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Dec. 13, 1946, 19__, to Jan. 8, 1947, 19__; that I last saw her alive on Jan. 8, 1947, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchi. Pneumonia — Duration 2 days

Due to Intertrochanteric fracture L. hip caused by accidental fall on floor of wood when confined for Senile Psychosis — 1-4-46

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No 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) 94

(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 0

23. Signature Emmett P. Horton (M. D. or other)

Address Farmington, Mo Date signed 1/8/47

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

[illegible] Number: 147-148

Date Filed 1-27-47

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.