

FILED OCT 20 1947

Registration District No. 2

Primary Registration District No. 3014

Registrar's No. 205

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

1. PLACE OF DEATH:

(a) County Andrew Co  
(b) City or town St Joseph (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution  
R.F.D. #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community about 23 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Andrew  
(c) City or town St Joseph (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #2 (Jefferson)  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME TULLEY-ELLIS-GARRISON.

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex M. 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Minnie P 6. (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased May 29, 1883 (Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 7 If less than one day hr. min.

9. Birthplace Knox Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joseph B Garrison  
13. Birthplace Wick Ky (City, town, or county) (State or foreign country)  
14. Maiden name Moutha Myers  
15. Birthplace Wick Ky (City, town, or county) (State or foreign country)

16. (a) Informant Leon L Garrison

(b) Address B Kansas City MO

17. (a) B (b) Date thereof Oct 9-47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director St Joseph MO

(b) Address St Joseph MO  
19. (a) 10-9-47 (Date received local registrar) (b) Kellum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1947 hour 2: minute P. M.

21. I hereby certify that I attended the deceased from Oct 2, 1947 to Oct 6, 1947 (that I last saw him live on Oct 5, 1947) and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage  
Due to arterio sclerosis

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations GBA  
Of autopsy \_\_\_\_\_

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? 2 (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) (d) Means of injury 0

23. Signature Colter Keady (M. Over other) Address Kansas City MO Date signed Oct 7 47

*Roy, Ramsey*

**DISTRICT HEALTH OFFICE**  
**Camden, N.J.**

**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.....

*Charles M. Harmon*

Registered Apprentice No. *450*

working under my personal supervision.

Signed.....

*John Roy Stamey*

Licensed Embalmer No. *2435*

P. O. Address *St. Joseph*

**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.**