

FILED DEC 26 1947

Registration District No. **356**

Primary Registration District No. **6206**

Registrar's No. **131**

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

17
00

1. PLACE OF DEATH:

(a) County Texas

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Texas 107

(c) City or town Raymondville - 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM E. GARRISON

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14
year 1947 3 hour 15 minute P. M.

4. Sex M. O 5. Color or race W

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

6. (b) Name of husband or wife MARTHA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 15 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 5 1947 to Nov 14 1947 that I last saw him alive on Nov 5 1947 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 9 Days 29 If less than one day hr. _____ min. _____

Immediate cause of death Myocarditis arterio Sclerosis Duration _____

Due to _____

Due to _____

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

9. Birthplace Texas Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

PHYSICIAN

Major findings: _____
Of operations 435

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Edwin GARRISON 9

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

14. Maiden name MAX SMOTHERMAN

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Ed Garrison (son)

(b) Address Raymondville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 16 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Boone Creek

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Celool Mo.

19. (a) Dec 3 1947 (Date received local registrar) (b) Myrtle Craig (Registrar's signature) 3527

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 [Signature] (M. D. or other) _____
Address [Signature] Date signed 11/15/47

RECEIVED

District _____ Officer No. 5,

District File No. 1247729

Date Filed 12-24-47

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.....

Gaylord V. Elliott

Licensed Embalmer No. 225-2

P. O. Address Cabool

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.