S. No. 2
M—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 5 1948

Registration District No. 237

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4499

State File No. 14619

Registrar's No. 4

1. PLACE OF DEATH:
(a) County: Shelby County
(b) City or town: Shelbina, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: None (Specify whether years, months or days)
In this community: Entire life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Shelby 102
(c) City or town: Shelbina 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James Weldon Garrison
3. (b) If veteran, name war: X
3. (c) Social Security No.: X
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Isa Garrison
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: September (Month) 26th (Day) 1878 (Year)

8. AGE: Years	Months	Days	If less than one day
69	2	10	hr. min.

9. Birthplace: Monroe county (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farming
11. Industry or business: "
MOTHER FATHER
12. Name: Calvin Garrison
13. Birthplace: Kentucky (City, town, or county) (State or foreign country)
14. Maiden name: Laura Collins
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Isa Garrison
(b) Address: Shelbina, Mo.
17. (a) Burial (Burial, Cremation, Removal) (b) Date thereof: 12-8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbina, Mo.
18. (a) Signature of funeral director: Million & Barkelew
(b) Address: Shelbina, Mo.
19. (a) Jan 27-48 (Date received local registrar) (b) Ruth Jasper (Registrar's signature) 217

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 6th year 1947 hour 5 minute 30 A. M.
21. I hereby certify that I attended the deceased from Dec. 3, 1947, to Dec. 6, 1947, that I last saw him alive on Dec. 5, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Angina Pectoris	4 min.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94B

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: R. L. Caldwell (M. D. or other) DO
Address: Shelbina, Mo. Date signed: Dec. 13/47

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48-20
FEB -3 1948
Filed

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 James W. Davis Registered Apprentice No. 443, working under my personal supervision.

Signed C. W. Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.