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5-17-39  
X36871

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

FILED JUL 6 1948

Registration District No. 767

Primary Registration District No. 4256

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution:  
East 4th Street,  
(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 74 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. East 4th Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Martha Garrison

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. female / 5. Color or race white

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

6. (b) Name of husband or wife John Edward Garrison

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased September 27, 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1948 hour 11 minute P M.

21. I hereby certify that I attended the deceased from 6-23-48 only, 19   to   , 19  ;

that I last saw her alive on 6-23-48, 19  ;

and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

|    |   |    |          |
|----|---|----|----------|
| 74 | 8 | 26 | hr. min. |
|----|---|----|----------|

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

10. Usual occupation housewife

11. Industry or business at home

MOTHER FATHER { 12. Name William B. Davidson

13. Birthplace Holden, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Perrine

15. Birthplace Bear Creek, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Garrison  
(b) Address Holden, Missouri

17. (a) Burial (b) Date thereof June 25, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock Springs

18. (a) Signature of funeral director Canaday & Ropp  
(b) Address Holden, Missouri

19. (a) July 1, 1948 (b) Mrs. H. O. Redford  
(Date received local registrar) (Registrar's signature)

Due to Coronary occlusion

Due to Hypertensive arteriosclerosis  
cardiovascular disease

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

Major findings: Of operations ✓

Of autopsy ✓ 9/3/48

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_

23. Signature Hinton H. Helms, M.D. (M.D. or other)  
Address 301 Pine St. Holden, Mo. Date signed 6-28-48

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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..... *M. L. Canaday* .....

Licensed Embalmer No. *3434* .....

P. O. Address. *Halden, Ind.* .....

**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.**