

FILED JUN 14 1945

Registration District No. \_\_\_\_\_

Primary Registration District No. 4025

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Barry  
(b) City or town Wheaton Wheaton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Wheaton Hospital  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution 10 hours  
(Specify whether  
In this community 5 Months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Fairview, Mo. R#  
(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 Doris Lee Garrison

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 1 1929  
(Month) (Day) (Year)

8. AGE: Years 15 Months 9 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Garrison  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Viola Aubrey  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Garrison

(b) Address Fairview, Mo. R#1

17. (a) Burial (b) Date thereof 5/13/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Muncie Chapel - Wheaton

18. (a) Signature of funeral director W. M. ...

(b) Address Wheaton, Mo.

19. (a) May 29 - 1945 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1945 hour 6 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_ to May 10th 19 45  
that I last saw her alive on May 10th 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death Duration 10 hrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations \_\_\_\_\_ Of 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) Accident

(b) Date of occurrence May 10th - 45

(c) Where did injury occur? Farmhouse Newton MO  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Farm home

While at work? No (Specify type of place) (e) Means of injury in Cook Stove

23. Signature John P. ... (M.D. or other) RO

Address Wheaton MO Date signed May 15 1945

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

RECEIVED  
District Health Officer No. 8,  
District File Number 645-690  
Date Filed JUN 8 1945

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 Wm. Marcus Payne

Licensed Embalmer No. 3442

P. O. Address Wheaton, 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.