

FILED JUN 19 1945

Registration District No. 12

Primary Registration District No. 5054

Registrar's No. 3

1. PLACE OF DEATH:

(a) County... Barry Missouri

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

(c) Name of hospital or institution... White River Township Hosp. R.I. Berryville Ark.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community... \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Barry

(c) City or town... \_\_\_\_\_  
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. 1 Berryville Ark.  
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country... \_\_\_\_\_

3. (a) PRINT FULL NAME MARY ELIZABETH GARRISON

3. (b) If veteran, name war... \_\_\_\_\_

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 9 year 1945 hour 10 AM minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 23 1943 to Jan 23 1945 and that I last saw her alive on Jan 23 1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced Widowed

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

7. Birth date of deceased: Oct 16 1855  
(Month) (Day) (Year)

Immediate cause of death... Chronic + Unspecified Congestion of the Lungs

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

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

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

86 3 24 hr. min.

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 111

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

10. Usual occupation... Home Wife

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name William Moore

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

14. Maiden name MARY ANN CLINKENBENDER

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

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? \_\_\_\_\_

16. (a) Informant Ruby Smith

(b) Address R.R. 1 Berryville Ark.

17. (a) Burial (b) Date thereof 2 11 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mc Culough Cemetery

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature W.R.M. Chuse (M. D. or other) P.O.  
Address Cassville Date signed 2-22-45

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

(b) Address Berryville Ark. R.I.

19. (a) 4/4-45 (b) Del Williams  
(Date received local registrar) (Registrar's signature)

1016

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

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**