

FILED JAN 29 1946

Registration District No. 277

Primary Registration District No. 2016

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution St. Mary's Hospital
(d) Length of stay: In hospital or institution 1 month
In this community 1 month

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau
(c) City or town California
(d) Street No. 1302-W-Patuck
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME

Anna Bell Garrison

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

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 28 1873

8. AGE: Years 73 Months 11 Days 24 If less than one day hr. min.

9. Birthplace Centerton Mo.

10. Usual occupation Housework

11. Industry or business at home

12. Name J. J. Swearingen

13. Birthplace Centerton Mo.

14. Maiden name Katharine Wells

15. Birthplace Centerton Mo.

16. (a) Informant Mrs. Rufus Kuddleston

(b) Address 619 - Madison

17. (a) Burial (b) Date thereof Jan 24 1946

(c) Place: burial or cremation Centerton Mo.

18. (a) Signature of funeral director J. J. Swearingen

(b) Address 200 S. 1st

19. (a) 1-24-46 (b) R. P. Garrison MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23 year 1946 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 27 1945 to Jan 22 1946 that I last saw him alive on Jan 22 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Vascular Thrombosis
Due to Auricular Fibrillation
Due to hypertension

Other conditions Cholecystitis

Major findings: Of operations _____ Of autopsy no. 308

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

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

23. Signature E. O. McQuinn (M. D. or other) _____ Address Jefferson City Mo Date signed 1-24-46

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

16
5-
4
471

M...

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 1-28-46

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 *J. H. Williams*

Licensed Embalmer No. 3641

P. O. Address *J. H. Williams*

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.