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JAN 21 1949 571  
Registration District No. **571**

Primary Registration District No. **4335**

Registrar's No. **76**

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

1. PLACE OF DEATH: **Moniteau**

(a) County **Moniteau**

(b) City or town **California, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **California, Mo.**  
(If not in hospital or institution, write street number or location)

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

In this community **3 Yrs.**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Moniteau**

(c) City or town **California, Mo.**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Marshall Edward Garrison**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **704.12.4807**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Garrison** 6. (c) Age of husband or wife if alive **87** years

7. Birth date of deceased **Nov 18 1872**  
(Month) (Day) (Year)

8. AGE: Years <b>68</b>	Months <b>00</b>	Days <b>26</b>	If less than one day hr. _____ min. _____
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9. Birthplace **Cole Co Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Rail Roader**

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

MOTHER FATHER } 12. Name **Edmond Garrison**

13. Birthplace **Cole Co. Mo**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hanna Paten Cole Co**  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas R. Garrison**

(b) Address **Rt. Chestfield Mo**

17. (a) **Burial** (b) Date thereof **Dec. 16, 40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Centertown Cemt**

18. (a) Signature of funeral director **Bowlin Funeral Home California, Mo.**

(b) Address **12-16-46**

19. (a) **H.K. Popejay** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Dec.** day **14** year **1940** hour **9** minute **P.** M.

21. I hereby certify that I attended the deceased from **Nov. 20** to **Dec. 14**, 19**40**  
that I last saw him alive on **Dec. 14**, 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**

Due to \_\_\_\_\_ 97

Other conditions **Chronic Asthma**  
(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) \_\_\_\_\_

(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? \_\_\_\_\_

504 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **3**

23. Signature **H. J. Denison** (M.D. or other) **XO**  
Address **California, Mo.** Date signed **12/16/40**

**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

*Earl R. Boulter*

Licensed Embalmer No.....

*2126*

P. O. Address.....

*California*

**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.**