

Christian County

Garrison, John (10 Aug 1846 - 27 Jun 1941) Buried Lindon Cemetery. Lived Rural Rogersville, MO most of life. Parents were John Garrison and Nancy Barnett. No Unit Identified.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

24847

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 189

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 2759

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Rural Lindon Twp
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community, duration of life! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Christian
(c) City or town Rural Rogersville, Mo.
(d) Street No. _____
(If rural, give location) Rural
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME John Garrison
(b) If veteran, name war Civil War (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
7. Birth date of deceased August 10 - 1846 (Month) (Day) (Year)

8. AGE: Years 94 Months 10 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John Garrison (State or foreign country)
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Nancy Barnett (City, town, or county) (State or foreign country)
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nancy Garrison
(b) Address Rogersville, Mo. P.O. # 2
(c) Burial (b) Date thereof 6/29/1941 (Month) (Day) (Year)

17. (a) Place: burial or cremation Lindon Cemetery
(b) Address of funeral director H. B. Chubb
(c) Signature of funeral director H. B. Chubb
(d) Address Clark Mo
(e) (a) 8-16-41 (b) Josephine Marshall (Date received local registrar) (Registrar's signature)

18. (a) Signature John Roper (M. D. number) D
(b) Address Rogersville, Mo Date signed 7/13/41

20. DATE OF DEATH: Month June day 27 year 1941 hour 5 minutes 30 M.
21. I hereby certify that I attended the deceased from June 28 1941, to June 27 1941, that I last saw him alive on June 25 1941, and that death occurred on the date and hour stated above.
Immediate cause of death Pneumonia Duration 8 days
Due to _____
Due to 107
Other conditions Cerebral arteriosclerosis (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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

(Licensed Embalmer's Statement on Reverse Side)

Hayes, George W. (9 Mar 1847 - 20 Jan 1941) Buried Highlandville Cemetery. Lived in Highlandville, Mo for 90 years. No identified unit.

Eliassen, John Henry (20 Apr 1844 - 4 Jul 1938). Co. B, 46th Wisconsin Inf. Blacksmith. Buried Ozark City Cemetery.