REC'D MAR 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6630
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 347
(b) Township ~~Clinton~~ — Primary Registration District No. 3018 — Registered No.
or
(c) City Clinton — (d) Street No. Clinton General Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

4 — 4 — 2 — 623

2. PRINT FULL NAME Jerome S. Morrisette
(a) Residence, No. 409 So. Orchard St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Vada C Morrisette
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12 1864
7. AGE: YEARS 74 — MONTHS 10 — DAYS 22 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.: Retired Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buckhannon west vir

FATHER
13. NAME: David Morrissette
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): vir

MOTHER
15. MAIDEN NAME: Virginia Stinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): vir

17. INFORMANT (ADDRESS): Mrs S. C. Baram Lorentz west Va.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Englewood DATE: Feb. 6 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Consalus & Peck Clinton, Mo.
20. FILED 2-7 1939 Dr J. B. Hampton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 4 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1939, to Feb 4, 1939
I last saw him alive on Feb 4, 1939. Death is said to have occurred on the date stated above, at 11 35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	unknown
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Other contributory causes of importance: none

Name of operation: none Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: none
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify
(Signed) S B Hughes, M. D.
(Address) Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 7
District File Number 7-39-342
Date Filed 3-3-39

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 M. D. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.