

REC'D JUN 8 1939

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

19005  
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 427  
 (b) Township Madison Primary Registration District No. 5582 Registered No. 20  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
 (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 51 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

650 Francis Eugene Morrin  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude May Morrin  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-11-1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 8 19  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) Missouri  
 FATHER 13. NAME Patrick Morrin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 MOTHER 15. MAIDEN NAME Honorah Gorham  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 17. INFORMANT (ADDRESS) Mrs Gertrude M. Morrin Holden Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE June 2 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. W. Goodman Holden Missouri  
 20. FILED June 2 1939 Mrs. B. V. Bedford Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1939  
 22. I HEREBY CERTIFY, That I attended deceased from June 2 1938 to May 31 1939  
 last saw him alive on May 21 1939 Death is said to have occurred on the date stated above, at 1:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Embolism Date of onset 5-29-39  
Hypertensive Heart Failure due to general Arteriosclerosis 1938  
 Other contributory causes of importance:  
Chronic beds esophagus  
Dental sepsis 1937  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) T. G. Thompson M. D.  
 (Address) Holden Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2, I  
50M-9-19-39  
I X16605

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**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 *W. L. Johnson*

Licensed Embalmer No. 3424

P. O. Address Heldin MO

**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, above space should be left blank.**