

Registration District No. 50

Primary Registration District No. 3004

Registrar's No. 82

NOV 19 1940

1. PLACE OF DEATH
(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community 65 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. West Ohio Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Virginia Morrison
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 29th year 1940 hour 11 PM Graduate M.

4. Sex 1 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Chas Henry Morrison 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 6 6 1852
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 10 - 29
Oct 29th 1940 to Oct 29th 1940
that I last saw her alive on Oct 29th 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Intestinal infarction
Duration _____

8. AGE: Years 88 Months 8 Days 23
If less than one day _____ hr. _____ min.

Due to Chronic Nephritis
Due to _____

9. Birthplace Fulton Illinois
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 121

10. Usual occupation housewife
11. Industry or business _____
12. Name Thomas H. McElroy
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Humphrey
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs E E Eggleston
(b) Address Butler, Mo.
17. (a) burial (b) Date thereof Oct 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Our Hill
18. (a) Signature of funeral director Charles
(b) Address Butler, Mo.
19. (a) Oct 31 1940 (b) Thos L Culver
(Date received local registrar) (Registrar's signature)

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? 53
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Thos L Culver (M. D. or other) md
Address Butler, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1605

Date Filed 11-12-40

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 R. Heaton Lick

Licensed Embalmer No. 4123

P. O. Address Butler, Mo

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

If this body is not embalmed, fact should be so stated above.