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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8332

MAR 19 1941
Registration District No. 710

Primary Registration District No. 6053

Registrar's No. 9

1. PLACE OF DEATH

(a) County Scotland
(b) City or town Rural Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Jennie Bernice Morrison
3. (b) If veteran _____ name war _____
8. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Andrew Morrison 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Aug 23 1871
(Month) (Day) (Year)

8. AGE: Years 109 7/8 Months 6 Days 9 If less than one day hr. _____ min.

9. Birthplace Clifton Hill Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name James Dawson
13. Birthplace Branch Co / Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Rosellia Farmer
15. Birthplace Robinson Co / Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Morrison
(b) Address Memphis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9 - 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Memphis Mo
18. (a) Signature of funeral director Gertha Bassett
(b) Address Memphis Mo

19. (a) March 5 - 1941 (Date received local registrar) E. E. Tarrish (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Jefferson Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day _____
year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from _____
June 1920 to March 1, 1941
that I last saw her alive on March 1, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration _____

Due to Influenza & Bronchitis

Due to _____

Other conditions 4 2 1/2
(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? _____

7-25 (Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature E. E. Tarrish (M. D. or other) O
Address Memphis Mo Date signed _____

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

900

RECEIVED

District Health Officer No. 10

District File Number 3-111-614

Date Filed MAR 14 1941

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

Albert C Gerth

Licensed Embalmer No. 3689

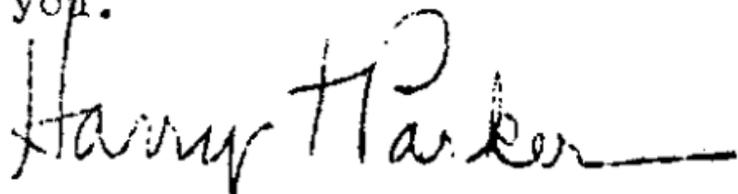
P. O. Address Memphis

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.

This persons age would be
69 yr 6 m and 9 days
correct no 8 if this
birthdate is correct.

Please write requested information
on face of supplemental and return
in the enclosed franked envelope.
Thank you.



Harry F. Parker, M. D.
Special Agent, Bureau of the Census

Registration District No. 810

Primary Registration District No. 6055

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Scotland
 (b) City or town Jefferson T.P.
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Jennie Bernice Morrison
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 20. DATE OF DEATH: Month Mar day 1
 year 1941 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
 due to _____
 due to _____

Other conditions _____
(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? _____

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

23. Signature E. E. Parrish (M. D. or other) _____
 Address Memphis Date signed _____

3. (a) PRINT FULL NAME Jennie Bernice Morrison
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug - 23 - 1871
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 9 If less than one day _____ hr. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3-5-41 (b) S. E. Parrish
(Date received local registrar) (Registrar's signature)

SUPPLEMENTARY

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

2
L-41
-39
28390

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.....

Licensed Embalmer No.....

P. O. Address.....

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.