

REG. MAR 19 1941 30
Registration District No. 20

Primary Registration District No. 4503

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Shelby

(b) City or town Shelbina
(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 50 Years (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Frances Ann Morrison

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May 11th 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 9 4 _____ hr. _____ min.

9. Birthplace Shelby Co / Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name Cranberry Bennett

13. Birthplace Charleston / S.C.
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Smith

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

16. (a) Informant Mrs Betty Way

(b) Address Shelbina Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/41
(Month) (Day) (Year)

(c) Place: burial or cremation Spencer Chapel

18. (a) Signature of funeral director William J. Barlow

(b) Address Shelbina Mo.

19. (a) Feb 17 - 41 (Date received local registrar) (b) Ruth Deppner (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102

(c) City or town Shelbina 2
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location) 0

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15
year 1941 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from 1936 19 Jan 30 - 41 19 _____
that I last saw her alive on Feb 6, 41 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 4 yrs

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

749 (Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature W. M. Hood (M. D. or other) _____
Address Shelbina Date signed 2/17/41

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-525

Date Filed MAR 10 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

Henry G. Bachelee

Licensed Embalmer No.

3835

P. O. Address

Shelbina, 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.