

1. PLACE OF DEATH:

(a) County Franklin  
(b) City or town Gerald, Missouri  
(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 1  
In this community Entire Life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin  
(c) City or town Gerald, Missouri  
(d) Street No. ....  
(e) Citizen of foreign country? 0  
If yes, name country. ....

3. (a) PRINT FULL NAME John Phillip Morisse

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex 0 Male 5. Color or race White 6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if

7. Birth date of deceased May 13, 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 26 If less than one day hr. min.

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

10. Usual occupation Farm Laborer

11. Industry or business

12. Name Eilert Morisse

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

14. Maiden name Minnie Bartelsmeyer

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

16. (a) Informant Mrs. Anna Bray  
(b) Address Gerald, Missouri

17. (a) Burial (b) Date thereof 3-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls, Gerald, Mo.

18. (a) Signature of funeral director Ernst L. Deltman  
(b) Address Gerald, Missouri

19. (a) Mar. 11-42 (b) Don Owens  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 9  
year 1942 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 19  
1941, to 3-9 1942  
that I last saw him alive on 3-9-42 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Coronary artery Disease  
Other conditions 94a  
(Include pregnancy within 3 months of death)

Duration

5 min.

PHYSICIAN

Major findings:  
Of operations None  
Of autopsy None

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature Charles A. Schmidt (M. D. or other) 0  
Address Gerald Mo Date signed 3-11-42

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

MOTHER FATHER

1151

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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..... *Ernest F. Ottmann*.....

Licensed Embalmer No..... 4054.....

P. O. Address..... Gerald, Missouri.....

**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.**