

FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20876

Registration District No. 135-

Primary Registration District No. 5188

Registrar's No. 95-

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Rural, Carrollton Twp
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1942 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from 4-12-42
....., 1942, to 6-26, 1942
that I last saw her alive on 6-26, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral Hemorrhage Duration 2 mos 14 days

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 William G. Atwood (M. D. or other)
Address Carrollton Mo Date signed 7/6/42

3. (a) PRINT FULL NAME Edna Rebecca Morrison

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

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

6. (b) Name of husband or wife Tom Morrison 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased July 1 1877
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 2 If less than one day
.....hr.min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Geo. Scott Mc Cleary

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

14. Maiden name Mary A. Alcorn

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

16. (a) Informant Tom Morrison
(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 7-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill, Cen Standley

18. (a) Signature of funeral director.....
(b) Address Carrollton Mo

19. (a) 7-6-1942 (b) Mrs James Rafferty
(Date received local registrar) (Registrar's signature)

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

1700

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-13-42

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..... *Ben W. Gibson*

Licensed Embalmer No. 2961

P. O. Address..... *Carrollton N.C.*

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.