

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 149

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1226 Grand Ave., 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years. (Specify whether
in this community 10 Years. years, months or days) (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 1226 Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Benjamin Nelson Morrison

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

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

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

7. Birth date of deceased April 21, 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name J. B. Morrison

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

14. Maiden name Mary W. Bradshaw

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

16. (a) Informant Mrs. J. W. Stone

(b) Address 1226 Grand Av., Carthage, Mo.

17. (a) Burial (b) Date thereof 7-19-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Taylor Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 Garrison, Carthage Mo.

19. (a) July 17, 1942 (b) Elizabeth Couplin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th,
year 1942 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from July 14
19 42 to July 16, 19 42
that I last saw him alive on July 16, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia about 1 week
unsuspected
Due to Intestinal Dist. & cancer of death
No 101

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

Major findings:
Of operations _____
Of autopsy _____

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 0
23. Signature W. E. Boyd (M. D. or other) M.D.
Address Carthage Mo Date signed 7-17-42

42-7-601

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..... *Edleulmer*
Licensed Embalmer No..... *2222*
P. O. Address..... *Carthage*

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.