

FILED NOV 30 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37312

State File No. ....

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 478

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

1. PLACE OF DEATH:

(a) County JASPER

(b) City or town JOPHIN  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1811 Grand  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK  
(Specify whether)

In this community 2070  
years, months or days

3. (a) PRINT FULL NAME William Morsson;

3. (b) If veteran, name war: .....

3. (c) Social Security No. ....

4. Sex M. 5. Color or race W 6. (a) Y ~~Single~~ ~~widowed~~ ~~married~~ ~~divorced~~ ~~Married~~

6. (b) Name of husband or wife: .....

6. (c) Age of husband or wife if alive 9 years (Day) (Year)

7. Birth date of deceased FEB 9 1868  
(Month) (Day) (Year)

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

74 8 24 ..hr. ..min.

9. Birthplace Unknown Ill. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation: .....

11. Industry or business FARMER

12. Name JOHN MORSS

13. Birthplace NO RECORD 9  
(City, town, or county) (State or foreign country)

14. Maiden name MARY DICKERSON

15. Birthplace Ill. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella Cochran

(b) Address 5219 NEW Springfield Mo

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

(c) Place: burial or cremation Fairview Cem

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1302 JOPLIN JOPLIN MO

19. (a) 11-6-42 (b) Hertendobedholter  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JASPER

(c) City or town JOPHIN  
(If outside city or town limits, write "RURAL")

(d) Street No. 1310 MISSOURI AVE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 3  
year 1942 hour 5 minute 0 A.M.

21. I hereby certify that I attended the deceased from 25 NOV-1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myofibrosis Duration

Due to: .....

Due to: 1310

Other conditions: .....

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? .....

(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. G. Coates (M. D. or other)

Address 300 Union Bl Date signed 11-5-42

DEC 19 1961

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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 F. M. Jones  
Licensed Embalmer No. 2319  
P. O. Address Joplin 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, fact should be so stated above.**