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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 12 1944

Registration District No. 1470

Primary Registration District No. 3033

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Laclede
(b) City or town Lebanon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Louise G. Wallace Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community 12 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 85
(a) State Mo (b) County Pulaski 0
(c) City or town Crocker - Route 3 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Sarah M. Morissett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Walter L Morissett

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased July (Month) 10 (Day) 1863 (Year)

8. AGE: Years 80 Months 8 Days 26 If less than one day hr. min.

9. Birthplace Pulaski Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Nurf.

11. Industry or business

FATHER
12. Name William Pemberton
13. Birthplace Camden County (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Lucinda Wade
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Walter L Morissett
(b) Address Crocker - Star Route 3, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 7-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Sears Cem

18. (a) Signature of funeral director J. L. Hoops & Sons
(b) Address Crocker, Mo.

19. (a) May 5-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~March~~ April day 5th
year 1944 hour 8-50 minute a. M.

21. I hereby certify that I attended the deceased from March 23, 1944, to April 5, 1944;
that I last saw her alive on April 5, 1944;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death diabetic gangrene of toe	21 days
Due to diabetes mellitus	unknown
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations x	
Of autopsy	

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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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature James L. Hope, (M. D. ~~or other~~)
Address Lebanon, Mo Date signed 4/8/44.

1040 (Licensed Embalmer's Statement on Reverse Side)

Received .....

Laclede County Health Unit

File No. 4-44-50

Date Filed 5/11/44

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 Paul B. Hoop

Licensed Embalmer No. 3261

P. O. Address Crocker, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.