

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

17872
Do not use this space.

FILED JUN 6 1944

1. PLACE OF DEATH

(a) County Dallas Registration District No. 46
 (b) Township Grant Primary Registration District No. S-348 Registered No. 103 30
 (c) City Louisburg (d) Street No. 1 St. 0
 (e) Length of residence in city or town where death occurred yrs. 7 mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds. 0

2. PRINT FULL NAME VIRGINIA ANN MORRISON

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State) MO

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	5	29	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisburg Missouri

FATHER 13. NAME Horrell Benton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisburg Missouri

MOTHER 15. MAIDEN NAME Virginia Knox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisburg Missouri

17. INFORMANT (ADDRESS) Mrs. Wm Green Louisburg Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Crestwood DATE May 14 1944

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L B Goulet Buffalo Mo

20. FILED S-31 19. 44 L B Goulet Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1944

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1944 19... to May 7, 1944 19...
 I last saw her alive on May 7, 1944 19... Death is said to have occurred on the date stated above, at 12:15 pm.
 The principal cause of death and related causes of importance were as follows:

<u>Mitral Insufficiency</u>	?
<u>Essential Hypertension</u>	?

Other contributory causes of importance: 92 f

Name of operation _____ Date of _____
 What test confirmed diagnosis? Auscultatory Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19...
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) L B Goulet D.O.
 (Address) Buffalo, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1371

RECEIVED

District Health Officer No. 7,

District File Number

5-44-695
6-3-44

Date filed

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.