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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 12 1946

Registration District No. 202

Primary Registration District No. 5972

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pack Co.
(b) City or town Flemington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Flemington
(If not in hospital or institution, write street number or location) 720
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Miss Alice Morrison

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

4. Sex Female 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 _____ years

7. Birth date of deceased July 25 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 2 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business None

12. Name Samuel Morrison

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

14. Maiden name Charisa Buzzard

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

16. (a) Informant Ella Womack

(b) Address Flemington Mo

17. (a) Burial (b) Date thereof Nov. 25 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Gardner

18. (a) Signature of funeral director Gilbert Hathaway

(b) Address Wheatland Mo.

19. (a) Dec 20 45 (b) Marilyn Richardson
(Date received local registrar) (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1945 hour 10:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
that I last saw her alive on Nov 24, 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to _____

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 3

23. Signature William B. Ewing (Physician)
Address Palmer Mo. Date signed 11/24/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Officer No. 7,
District Number 12-45-1335
Date Filed 1-11-46

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 *Chas Gilbert Hathaway*
Licensed Embalmer No. *4267*
P. O. Address *Wheatland, Md*

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.