

S. No. 2
1-9-4-41
5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2155

State File No.

Registrar's No.

65

FILED FEB 11 1946

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH

(a) County Prepawson
(b) City or town Chillicothe Mo
(c) Name of hospital or institution: State Hospital # 2
(d) Length of stay: In hospital or institution 6 weeks 25 days
In this community 6 mo. 25 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Livingston Co
(c) City or town Chillicothe
(d) Street No. 1115 Cooper
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Myrtle Ellen Morse

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife L. A. Morse 6. (c) Age of husband or wife if alive 46 1/2 years
7. Birth date of deceased Feb 14 1887

8. AGE: Years 58 Months 11 Days 4 hr. min.

9. Birthplace Ill

10. Usual occupation House wife

11. Industry or business at home

12. Name Frank Tolbert

13. Birthplace (Unknown)

14. Maiden name Morse

15. Birthplace (Unknown)

16. (a) Informant Morse 1115 Cooper

(b) Address Chillicothe Mo

17. (a) Burial (b) Date thereof 1-19-46

(c) Place: burial or cremation Chillicothe Mo

18. (a) Signature of funeral director W. E. ...
(b) Address 1946 Calhoun St.
19. (a) Jan 26 1946 (b) W. E. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1/18 day 18 year 1946 hour 10:45 minute PM
21. I hereby certify that I attended the deceased from Nov 1st to Jan 18
that I last saw her alive on Jan 18 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
back bridge
Due to arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)
Major findings: MI
Of operations
Of autopsy

Duration 2 days
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?

23. Signature W. E. ... (M. D. or other)
Address State Hospital # 2 Date signed 1/19/46

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

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(Licensed Embalmer's Statement on Reverse Side)

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~~.....

.....
working under my personal supervision.

Signed.....

Robert L. Yagle

Registered Apprentice No.

Licensed Embalmer No. *3308*

P. O. Address.....

St Joseph, 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.