

FILED

OCT 14 1946

STANDARD CERTIFICATE OF DEATH

State File No.

8475

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Pacific
(d) Street No.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John E. Morrison

(b) If veteran, name war no (c) Social Security No. 490-01-9750

4. Sex Male 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 alive years

7. Birth date of deceased Nov. 16 1876

8. AGE: Years 69 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Pacific Mo.

10. Usual occupation Carpenter

11. Industry or business Stavel Plant

12. Name Peter Morrison

13. Birthplace Ireland

14. Maiden name Mary Kennedy

15. Birthplace Ireland

16. (a) Informant Chas Carrigan

(b) Address St. Louis, Mo.

17. (a) Removed (b) Date thereof 10-3-46

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director J. F. Breese

(b) Address Pacific, Mo.

19. (a) OCT 2 1946 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept, day 30, year 1946, hour 6, minute P. M.

21. I hereby certify that I attended the deceased from 2-26-1946 to 9-30-1946
that I last saw him alive on 9-30-1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio Sclerotic Heart Disease

Due to
Due to
Other conditions

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?
(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 J. F. Breese (M. D. or other) Address N. R. 2 Date signed 10-2-46

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

19

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Jno. L. Hughes*

Licensed Embalmer No. *3008*

P. O. Address *Pacific, 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.