. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26867

Primary Registration District No. 1000

Registrar's No. 952

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town Rural,
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #4, 1½ Mile east of Saxton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Johanna Mary Morrissey

3. (b) If veteran, name war No

3. (c) Social Security No. None

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 alive years

7. Birth date of deceased July (Month) 31 (Day) 1870 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	77	0	5	hr. min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation At home

11. Industry or business At home

FATHER
12. Name William Morrissey
13. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Johanna Leonard
15. Birthplace Unknown (City, town, or county) Ireland (State or foreign country)

16. (a) Informant James Morrissey
(b) Address R. R. #4, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/9/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Heaton-Bourman
(b) Address St. Joseph, Mo.

19. (a) 8-11-47 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6
year 1947 hour 4 minute 27 P.M.

21. I hereby certify that I attended the deceased from Aug 3, 1947 to Aug 6, 1947
that I last saw her alive on Aug 6, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 days
Due to Hyperten.	—
Due to Arterio Sl. gln.	—
Other conditions Myocard Chr. (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93.5

PHYSICIAN
Underline the cause of 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 Frank Hardigan (M. D. or other)
Address 620 Francis St. Date signed 8/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo

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 28 William Spalding Registered Apprentice No. working under my personal supervision.

Signed Eugene Wood

Licensed Embalmer No. 3802

P. O. Address 3196 10th St Joseph, M

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.