

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 6 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11888

Registration District No. 23

Primary Registration District No. 4138

Registrar's No. 357

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Kearney
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location) 1

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Kearney 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME LUTHA EMMA MORRISON

(b) If veteran, name war -

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18
year 1948 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from 17 April 1948
....., 19....., to 17 April 19.....
that I last saw her ex alive on 16 April 19.....
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William Thomas

6. (c) Age of husband or wife if alive 12 years
(Month) (Day) (Year)

7. Birth date of deceased Feb 12 1859
(Month) (Day) (Year)

Immediate cause of death Cardiac decompen- Duration
sation ?

8. AGE: Years Months Days If less than one day

89 2 6 hr. min.

Due to far advanced generalized
arteriosclerosis

Due to Advanced age

9. Birthplace Clinton Co Mo
(City, town, or county) (State or foreign country)

Other conditions -
(Include pregnancy within 3 months of death)

10. Usual occupation House Wife

Major findings:
Of operations 0

Of autopsy 0

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

11. Industry or business General Home maker

12. Name William Thomas Jones

13. Birthplace Clinton Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Ann Wilkerson

15. Birthplace Clinton Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Eula Morrison

(b) Address Kearney Mo

17. (a) Burial (b) Date thereof 4-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Grayson Mo

18. (a) Signature of funeral director Leonard Fry

(b) Address Kearney Mo

While at work? _____
(Specify type of place) (e) Means of injury 0

19. (a) 4-19-48 (b) Morrison Harrison
(Date received local registrar) (Registrar's signature)

23. Signature Tom Watanabe (M. D. or other) MD
Address Sibley, Mo Date signed 19 April 48

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

4
0
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-5-48

REC'D
MAY 10 1948
MVA

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

Lernard Fry

Licensed Embalmer No. 1677

P. O. Address

Kearney 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.