

FILED AUG 25 1948

Registration District No. 111

Primary Registration District No. 4182

Registrar's No. 107

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Pacific
(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)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 Year _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME LOUISA ERD MORSE

3. (b) If veteran, name war No 3. (c) Social Security No. 048-05-1951

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Fredrick Morse 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Sept, 28, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>11</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business --

MOTHER FATHER
12. Name Jacob Erd
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Hedwig Schoener
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary B. Gross
(b) Address Pacific, Missouri.

17. (a) Removal (b) Date thereof 8-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wallingford, Conn.

18. (a) Signature of funeral director Fred S. Hughes
(b) Address Pacific, Missouri.

19. (a) 810, 48 (b) Mary B. Gross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9th
year 1948 hour 5 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 17, Aug. 9, 1948
that I last saw her alive on Aug. 9, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Apoplexy
Bronchial Pneumonia

Duration
1 Yr.
4 Days

Due to _____
Due to _____

Other conditions Generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 107

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? _____ (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 _____

23. Signature N. Moran (M. D. or other)
Address Pacific, Mo. Date signed 8-9-48

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

JUN 15 1919

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed..... AUG 24 1919

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 *Geo. S. Thebes*

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.