

REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10781
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001
 (c) City SPRINGFIELD (d) Street No. St. John's Hospital Registered No. 1185
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Howard O. Morrison
 (a) Residence, No. Dallas Co. Mo St. Elland mo. P. 2
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1927

7. AGE YEARS <u>11</u>	MONTHS <u>10</u>	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at school
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Co. Mo.

FATHER
 13. NAME Leonard Morrison
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
 15. MAIDEN NAME Sallie M. Kempill
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Leonard Morrison
 (ADDRESS) Elland mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Buffalo Mo. DATE 3-3 1939

19. FUNERAL DIRECTOR B. B. Jones
 (ADDRESS) Buffalo Mo.

20. FILED Mar 1 1939 Chas. George No. 290
 Local Registry

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1939, to March 1 1939
 I last saw him alive on March 1 1939. Death is said to have occurred on the date stated above, at 4:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Proknephrosis
7. left kidney
 Date of onset 1939

Other contributory causes of importance:

Name of operation None Date of None
 What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) Walter Kempill, M. D.
Springfield Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2.
50M-7-20-37
I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)