

REC'D APR 24 1939

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

11839  
Do not use this space.

1. PLACE OF DEATH  
(a) County Perry Registration District No. 660  
(b) Township Saline Primary Registration District No. 5875a  
(c) City Brewer Precinct Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(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 Mary Anne Morrison  
(a) Residence, No. Perry Co. St.   
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm K. Morrison  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 11 1898  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
41 1 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Ste Genevieve Co., Mo.

FATHER 13. NAME Frank Anton Bieser  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co., Mo.

MOTHER 15. MAIDEN NAME Mary Grass  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Co., Mo.

17. INFORMANT Wm K. Morrison  
(ADDRESS) Perryville, Mo. RFD no 5

18. BURIAL, CREMATION, OR REMOVAL  
PLACE OZORA, Mo DATE April 3 1939

19. FUNERAL DIRECTOR (NAME) Leo C. Basler  
(ADDRESS) Ste Genevieve, Mo.

20. FILED 4-1 19 39 Joe J. Fulmer  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1939, 19... to Mar 31 1939, 19...  
I last saw h. e. alive on Jan 14 1939, 19... Death is said to have occurred on the date stated above, at 10.30 A.M.  
The principal cause of death and related causes of importance were as follows:

Acute dilatation of heart Date of onset  
Myocarditis  
1931  
Other contributory causes of importance:  
Chronic Parenchymatous  
Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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 no  
(Signed) Leo C. Basler, M. D.  
(Address) Perryville, Mo.

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 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

*Leo C. Basler*

Licensed Embalmer No.

*1985*

P. O. Address

*Ste Genevieve*

**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, above space should be left blank.**