

5197 AUG 10 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 25151

Registration District No. 314

Primary Registration District No. 5478 4190

Registrar's No. 19

1. PLACE OF DEATH

(a) County Genesee  
(b) City or town Stanherry MO  
(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 life time years, months or days) \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Genesee  
(c) City or town Stanherry  
(If outside city or town limits, write "RURAL")  
(d) Street No. 59 1/2 W. 1st  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 P.  
year 1940 hour \_\_\_\_\_ minute 15 M.  
21. I hereby certify that I attended the deceased from May 10  
1940, to July 10, 1940;  
that I last saw him alive on July 10, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death hemorrhage  
Duration 72 hr

Due to Hypertension  
Due to Cardio-renal vascular disease

Other conditions (include pregnancy within 3 months of death)  
Major findings: 121  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature E. E. Simpson (M. D. or other) \_\_\_\_\_  
Address Stanherry Mo Date signed 7-11-40

8. (a) PRINT FULL NAME Alfred A. Morrison

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucella Morrison 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 18 1871 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 9 4 ✓ hr. ✓ min.

9. Birthplace Genesee MO (City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business

12. Name Geo M. Morrison

13. Birthplace Genesee MO (City, town, or county) (State or foreign country)

14. Maiden name Mary J. Bell

15. Birthplace Genesee MO (City, town, or county) (State or foreign country)

16. (a) Informant Dallas Morrison  
(b) Address Stanherry MO

17. (a) burial (b) Date thereof July 12 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director W. H. Phillips  
(b) Address Stanherry MO

19. (a) 7/11/40 (b) C. S. Penard (Date received local registrar) (Registrar's signature)

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

RECEIVED  
District Health Officer No. 11,  
District File Number 840-1027  
Date Filed AUG 5 1943

*D. S. E. Simpson*

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

*Letoy H. Phillips*

Licensed Embalmer No. 1898

P. O. Address *San Bernardino 240*

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.