

JAN 16 1945

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

42672
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 319
(b) Township _____ Primary Registration District No. 4223 Registered No. _____
(c) City Glasgow (d) Street No. _____ St. _____
(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

(a) Residence, No. Glasgow, Mo. 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1907
7. AGE YEARS 33 MONTHS 1 DAYS 6 IF LESS THAN 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) July, 1940 11. Total time (years) spent in this occupation 23
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glasgow, Missouri
13. NAME William Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co., Missouri
15. MAIDEN NAME Georgia Hayes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co., Missouri
17. INFORMANT (ADDRESS) William Morrison, Glasgow, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln County, Glasgow, Mo. DATE Dec. 26, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edw. Fremont, Glasgow, Mo.
20. FILED 12-24-40 J. B. Anderson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 24, 1940
22. I HEREBY CERTIFY, That I attended deceased from 8 - 1, 1940, to 12 - 24, 1940. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary T. B.
Date of onset _____
Other contributory causes of importance: _____
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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? no. If so, specify _____ (Signed) W. B. Fisher M. D. (Address) Glasgow, 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.

RECEIVED
District Health Officer No. 8;
District File Number
Date Filed 1-7-41

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, _____

Elw Fremont

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *Elw Fremont*

Licensed Embalmer No. *3978*

P. O. Address *Glasgow 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, above space should be left blank.