

No. 2  
-1-4-41  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **21238**

Registration District No. **12**

Primary Registration District No. **3007**

Registrar's No. **744**

FILED JUL 15 1941

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

1. PLACE OF DEATH:

(a) County **Butler**  
(b) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **125 North 7th St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **48 years**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Butler**  
(c) City or town **Poplar Bluff**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **125 North 7th St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **12**  
year **1941** hour **1** minute **P.** M.  
21. I hereby certify that I attended the deceased from **March**  
\_\_\_\_\_ 1941 to **June 12** 1941;  
that I last saw him alive on **June 11** 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Respiratory failure**  
Due to: **Apoplexy**  
**Atherosclerosis**  
Due to: **Hypertension**  
Other conditions: **HTN**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **William Edgar Morrison**

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

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Alice L. Morrison** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: **June 17 1864**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **13** Days **25** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace: **Hopewell Co Penn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation: **Hoop & Stave Mill**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John William Edgar Morrison**

13. Birthplace **Hopewell York Co. Penn.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eliza Jane Mansfield**

15. Birthplace **Hopewell Penn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward C. Morrison**

(b) Address **Pittsburg Penn.**

17. (a) **Burial** (b) Date thereof **June 14-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **City**

18. (a) Signature of funeral director **Frank Mortuary**

(b) Address **Poplar Bluff Mo**

19. (a) **6/16/41** (b) **Kate Lutz**  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations **None**  
Of autopsy **None**

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? \_\_\_\_\_

23. Signature **C. Porter** (M, D or other) **D**  
Address **Poplar Bluff Mo** Date signed **6-13-41**  
(Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

AUG 5 1941

AUG 18 1941

RECEIVED

District Health Officer No. 2,

District File Number 241-847

Date Filed 7/10/41

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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.....

*Grover W. Green*

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.**