

FILED JUL 11 1941

21906

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Joplin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 514 Kentucky
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Joplin Mo.
 (If outside city or town limits write "RURAL")
 (d) Street No. 514 Kentucky
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME George Morrison

3. (b) If veteran, name war..... 3. (c) Social Security No. 491-010-2351

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Day) (Year)

7. Birth date of deceased Aug. 21 - 1889
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 - 5 10 2 hr. min.

9. Birthplace Galena Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation car washer
Quality Motors.

11. Industry or business.....

12. Name Logue Morrison

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

14. Maiden name Sylvia Mc-Murray

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

16. (a) Informant Mrs Helen Hendley
 (b) Address Nevada Mo.

17. (a) removal (b) Date thereof June 24, 41
 (Month) (Day) (Year)

(c) Place: burial Baxter Springs, Kansas
 (d) Signature of funeral director Hurlbut Und. Co.
Joplin Mo.

(e) Address 6-24-41 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23
 year 41 hour 9⁰⁰ minute 0 'M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
 that I last saw did not see him alive on..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary occlusion
 Duration.....

Due to.....

Due to..... 44

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 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?

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

23. Signature [Signature] (M. D. or other) Coroner

Address Carthage Mo. Date signed June 20 41

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

MOTHER FATHER

41-7-618

100-51

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.

JAN 6 1948

Signed

Steve D. Parke

Licensed Embalmer No.

23148

P. O. Address

Gayle - m

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.