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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25733

Registration District No. 624 Primary Registration District No. 4375 Registrar's No. 9

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Hopkins
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 59 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Nodaway 74 0
(c) City or town Hopkins
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Minnie Jane Morehouse
3. (b) If veteran, name war
3. (c) Social Security No. No
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Walter C. Morehouse
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 10 (Day) 1872 (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	9	13	hr. min.

9. Birthplace Lee County (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Lyman Messecar
13. Birthplace Unknown (City, town, or county) 2 Canada (State or foreign country)
MOTHER
14. Maiden name Adeline Marsh
15. Birthplace Unknown (City, town, or county) 9 Unknown (State or foreign country)
16. (a) Informant Mrs. Glen Waldruff
(b) Address Hopkins, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July-Oct 24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Hopkins, Mo
18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo
19. (a) 7/24/41 (Date received local registrar) (b) O.H. Sayler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1941 hour 1 minute 30 A. M.
21. I hereby certify that I attended the deceased from June 1st, 1941 to 7/23, 1941; that I last saw her alive on 7/23, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial disease	1 yr
Due to Rheumatism	1915
Due to 93	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other)
Address Hopkins Date signed 7/24/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Myself....., Registered Apprentice No.....

working under my personal supervision.

Signed Stanley Swanson

Licensed Embalmer No. 3963

P. O. Address Hopkins, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.