

No. 2
1-4-41
-17-39
X28390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28064

Registration District No. 1941 206

Primary Registration District No. 5280 3012

Registrar's No. 74

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

1. PLACE OF DEATH:

(a) County 60 Day Liberty, Mo

(b) City or town 520 N. Water (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution all life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas J. Morrison

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 23-1869 years (Month) (Day) (Year)

7. Birth date of deceased Sept. 23-1869 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 6 If less than one day hr. min.

9. Birthplace Liberty, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer Stockman

11. Industry or business

12. Name John W. Morrison

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

14. Maiden name John Hannah Stand.

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

16. (a) Informant Miss Hannah Morrison

(b) Address 520 N. Water St. Liberty, Mo

17. (a) Municipal (Burial, cremation, or removal) (b) Date thereof July 31-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Farmers Liberty, Mo

18. (a) Signature of funeral director Clayton L. Fisher Co

(b) Address Liberty, Mo

19. (a) July 29-41 (Date received local registrar) (b) Pelen Early (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 60 Day

(c) City or town Liberty (If outside city or town limits, write "RURAL")

(d) Street No. 520 Water St. (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1941 hour 6 minute 45 AM.

21. I hereby certify that I attended the deceased from Jan 1938 to July 29 1941; that I last saw him alive on July 29 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Arteriosclerosis

Due to

Other conditions Pneumonia Arteriosclerosis (Include pregnancy within 3 months of death)

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature G. W. Morrison M.D. (M. D. or other)

Address Liberty, Mo Date signed 7/30/41

Duration 50h.

Underline the cause to which death should be charged statistically.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-26-41

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, ~~or by~~.....

....., Registered Apprentice No.

~~working under my personal supervision.~~

Signed.....

Edgar Archer

Licensed Embalmer No.

3311

P. O. Address.....

Liberty, 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.