

FILED JUN 11 1942 469  
5038

Registration District No. \_\_\_\_\_

Primary Registration District No. 6638

Registrar's No. 46776

5300

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Creston Mo. R.O.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Oran. 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 all his life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town R.R. 53  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Tillman Morrison

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4  
year 1942 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Loshia Morrison

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 10-30-1870  
(Month) (Day) (Year)

Immediate cause of death CORONARY OCCLUSION Duration 3 weeks

Due to CORONARY THROMBOSIS

Due to ARTERIO-SCLEROTIC HEART DISEASE

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 5 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lawrence Co. Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

Major findings: 94a  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

12. Name John Morrison

13. Birthplace Lawrence Co. Mo. 0  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant Bob Morrison

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof 4-5-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meisemer

18. (a) Signature of funeral director Waynes Seiman

(b) Address Miller Mo.

19. (a) May 9-42 (b) Uma Whitney  
(Date received local registrar) (Registrar's signature)

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 2

23. Signature A. F. Stacey (M.D. or other) P.O.

Address Creston, Mo. Date signed 4/16/42

RECEIVED

District Health Officer No. 6,

District File Number 642-799

Date Filed JUN 9 1942

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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

*J. R. Simon*

Licensed Embalmer No.

3297

P. O. Address

*Miller 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.**