S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18853

Registration District No. 757 | Primary Registration District No. 3036 | Registrar's No. 311

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

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community ... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren 109
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. ...
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No) 1
If yes, name country —

3. (a) PRINT FULL NAME William Morrissey
3. (b) If veteran, name war ...
3. (c) Social Security No. ...
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife ...
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased ... (Month) (Day) (Year)

8. AGE: Years about 72 | Months | Days | If less than one day ... hr. ... min.

9. Birthplace Warrenton (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation ...
11. Industry or business ...
FATHER
12. Name Mat Morrissey
13. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name Kate Cleary
15. Birthplace Ireland (City, town, or county) 4 (State or foreign country)
16. (a) Informant Edward Morrissey
(b) Address 4565 A Gibson Ave. St Louis
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 23, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Truesdale, Mo.
18. (a) Signature of funeral director F. W. Hiehing & Co.
(b) Address Warrenton, Mo.
19. (a) May 23, 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20
year 1942 hour 10 minute 10 a.M.
21. I hereby certify that I attended the deceased from May 16, 1942 to May 20, 1942
that I last saw him alive on May 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uraemia	24 hrs
Chs Interstitial Nephritis	10 yrs.
Due to	
Due to Gen Art. Sclerosis,	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

131a

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 A P Erich Schultz M.D. (M.D. or other)
Address St Charles Mo. Date signed 5/20/40

674 (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, [redacted] .....

....., Registered Apprentice No....., working under my personal supervision.

Signed John Huelsing

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.