

S. No. 2  
OM-5-42  
5-17-39  
X322

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15796

State File No. \_\_\_\_\_

Registrar's No. 114

FILED MAY 14 1948  
Registration District No. 79

Primary Registration District No. 4553

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

1. PLACE OF DEATH:

(a) County WRIGHT

(b) City or town MANSEFIELD  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 30 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WRIGHT

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

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

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME VIOLA MORRISON

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 17 year 1948 hour 10 minute 35 AM

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FRED MORRISON

6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Month) (Day) (Year)

7. Birth date of deceased AUG 12 1883  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 15 1948 to Apr 17 1948

that I last saw her alive on Apr 17 1948 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>8</u>	<u>3</u>	hr. min.

Immediate cause of death Coronary of Arterial Disease

Due to \_\_\_\_\_

9. Birthplace W. ST. LOUIS CO. MISSOURI  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 46 lb

10. Usual occupation HOUSEWIFE

Major findings: Of operations \_\_\_\_\_

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

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

12. Name GEORGE VANDER

13. Birthplace Not Known LOUISIANA  
(City, town, or county) (State or foreign country)

14. Maiden name LOUISA CRIDGEMAN

15. Birthplace WRIGHT CO. MISSOURI  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Marion Tarleton

(b) Address MANSEFIELD MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof APRIL 20 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Mansefield Cem.

18. (a) Signature of funeral director W. D. Stuffle

(b) Address MANSEFIELD MO.

19. (a) APRIL 20 1948 (Date received local registrar)

(b) S. L. Hensley (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 \_\_\_\_\_

23. Signature J. P. Lewis (M. D. or other)

Address Mansefield Date signed Apr 18 1948

1261

RECEIVED

District Health Officer No. 6,

District File Number 543 572

Date Filed MAY 12 1945

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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 F. A. Stelli.....

Licensed Embalmer No. 3221.....

P. O. Address Manassas Va.....

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.