

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17532

State File No. \_\_\_\_\_  
Registrar's No. \_\_\_\_\_

DEPARTMENT OF HEALTH  
OFFICE OF THE REGISTRAR  
Registration District No. 54

Primary Registration District No. 4078

16  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Delta  
(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 41 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau  
(c) City or town Delta  
(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 Martha Ann Morrison

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widow

6. (b) Name of husband or wife Wm. S. J. Morrison 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 9 1863  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_  
12. Name Francis M Roberts

13. Birthplace Don't know  
(City, town, or county) (State or foreign country)

14. Maiden name Rachael Dahl  
(City, town, or county) (State or foreign country)  
15. Birthplace Wayne Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant M. E. Morrison  
(b) Address Delta Mo

17. (a) Burial (b) Date thereof 4-11-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Penyon Cape Co Mo

18. (a) Signature of funeral director Bispinghoff Hubgard  
(b) Address Chattanooga

19. (a) 4-10-43 (b) A. H. Macke  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
year 1943 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 10 - 1935  
to Apr 9 1943  
that I last saw her alive on Apr 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcer of stomach  
Due to advanced age

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Wm. S. J. Morrison (M. D. or other) \_\_\_\_\_  
Address Allenville Mo Date signed Apr 10 1943

Duration 2 or 3 yrs

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

RECEIVED

District Health Officer No. 4  
District File Number 643-2338  
Date Filed 6-11-43

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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 Marnie Beplinghoff  
Licensed Embalmer No. 3242  
P. O. Address Chaffee 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.