

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **100357131**

Primary Registration District No. **41964202** Registrar's No. **19**

1. PLACE OF DEATH:

(a) County **Grundy**

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

(c) Name of hospital or institution: **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 **71 yr.** years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Grundy** **40**

(c) City or town **Spickard** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ **0**

3. (a) PRINT FULL NAME **Colonel Maxwell Morrison**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **23**
year **1943** hour **8** minute **15 A.M.**

4. Sex **Male** 5. Color or race **white**

6. (b) Name of husband or wife **Melissa Morrison**

7. Birth date of deceased **Nov 15 1869**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Feb 15**
1943 to **Feb 23** **1943**

that I last saw him alive on **Feb 23** 19____
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
73	3	8	hr. _____ min.

Immediate cause of death **10. Haberdashery** **2 wk**

9. Birthplace **Knox Co Ohio 1**
(City, town, or county) (State or foreign country)

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation **Farmer**

Major findings:
Of operations _____

Of autopsy _____

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

11. INDUSTRY OR BUSINESS

12. Name **Elijah A. Morrison**

13. Birthplace **Ohio 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Jennie E. Walker**

15. Birthplace **Ohio 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Melissa Morrison**

(b) Address **Spickard MO**

17. (a) Burial (b) Date thereof **Feb 25 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hot Cyn Grundy Co MO**

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? _____

18. (a) Signature of funeral director **Schools funeral home**

(b) Address **Spickard MO**

While at work? _____ (Specify type of place)

(c) Means of injury _____

19. (a) _____ (b) **John Earl Dick**
(Date received local registrar) (Registrar's signature)

23. Signature **EW Ewing** (M. D. or other) **0**

Address **Spickard MO** Date signed **2/25/43**

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

10000

MOTHER FATHER

1194

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 Charles W. Wise

Licensed Embalmer No. 3171

P. O. Address Spickard St

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.