

FILED OCT 2 1943

State File No.

108

Registration District No.

Primary Registration District No. 3017

Registrar's No.

1. PLACE OF BIRTH:

(a) County Copple  
 (b) City or town Bonville  
 (c) Name of hospital or institution: Joseph-Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 days (Specify whether  
 In this community did the majority of life (Specify whether  
 years, months or days 12 years at this place)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Copple  
 (c) City or town Bonville 097  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Slater 2  
 (If usual, give location) 1  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME

John Richard Morrison

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5  
 year 1943 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from  
Aug. 24 1943 to Sept 5 1943  
 that I last saw him alive on Sept 5 1943  
 and that death occurred on the date and hour stated above.

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

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, married  
 (b) Name of deceased wife Nora Agnes Morrison alive 63 years  
 6. (c) Age of husband or wife if June 12 1896

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 13 hr. min.

9. Birthplace Bonville, Saline Co Mo  
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business same

12. Name W. Morrison

13. Birthplace Bonville, Mo  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary M. Kinnear

15. Birthplace Bonville, Saline Co Mo  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nora A Morrison

(b) Address Bonville, Mo #3

17. (a) Bonville (b) Date thereof 9-8-43  
 (Month) (Day) (Year)

(c) Place: burial Bonville

18. (a) Signature of funeral director State Jones & Payne

(b) Address State, Mo.

19. (a) Sept 8-43 (b) Dr Chas. Swap  
 (Date received local registrar) (Registrar's signature)

Immediate cause of death  
Grand Embolism?  
General sepsis

Duration  
5 minutes  
1 month

Due to Pseudomonas peritonei ?  
Mucocoele of appendix ?

Other conditions (Specify pregnancy within 3 months of death)  
Left inguinal hernia (operated)  
Left inguinal hernia  
Personal mucocoele of appendix  
Pseudomonas peritonei  
Prostatic hypertrophy

6 yrs.  
 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?  
 \_\_\_\_\_

23. Signature W. H. H. H. (M. D. or other) M. D.  
 Address Bonville, Mo. Date signed 9/6/43

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

27  
1  
2

MOTHER FATHER

1088

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-1-43

OCT 6 1943

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

*James E. Jones*

Licensed Embalmer No.

3143

P. O. Address

State No

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.