S. No. 2
M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1945

State File No. 24233

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 310

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7th & Joplin streets. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1035 N. Byers Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Thomas J. Morrison
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clara Morrison
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased April 27, 1871. (Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Oklahoma (City, town, or county) ____ (State or foreign country)
10. Usual occupation Merchant Policeman
11. Industry or business
FATHER 12. Name James Morrison
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Josephine Miller
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Clara Morrison
(b) Address 1035 N. Byers. Joplin Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6, 45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Park Cem.
18. (a) Signature of funeral director Hurlbut Und. Co.
(b) Address Joplin Mo.
19. (a) 7-5-45 (Date received local registrar) (b) Gertrude Sutherlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 3, 45 year ____ hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from Died Not Attend, to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound in Gen Vein & Carotid Artery
Due to Shot fired by Dave Caplan from a 12 ga. Shot Gun
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) Homicide
(b) Date of occurrence 7/3/45
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury Shotgun
23. Signature H. H. Kerr M.D. (M. D. or coroner)
Address Joplin Date signed 7/5/45

204 (Licensed Embalmer's Statement on Reverse Side)

45-7-584

MAR 1 1955

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 [signature]

Licensed Embalmer No. 959

P. O. Address Joplin 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.