S. No. 2
M—2-43
. 5-17-39
I X33697

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

3735

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED MAR 8 1946

# STANDARD CERTIFICATE OF DEATH

State File No. 4711

Registration District No. 42 Primary Registration District No. 5134 Registrar's No. 165

**1. PLACE OF DEATH:**

(a) County Buchanan

(b) City or town Rural Washington Twp

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

(c) Name of hospital or institution: 1½ Miles East Saxton, Mo.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... In this community 36 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town Rural Washington

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

(d) Street No. 1½ Miles East Saxton, Mo.

(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME John J. Morrissey

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May (Month) 25 (Day) 1873 (Year)

8. AGE: Years 72 Months 8 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation farmer

11. Industry or business .....

FATHER

12. Name William Morrissey

13. Birthplace County May (City, town, or county) Ireland (State or foreign country)

MOTHER

14. Maiden name Jonanna Leonard

15. Birthplace Pottsville (City, town, or county) Penn. (State or foreign country)

16. (a) Informant Thomas Morrissey

(b) Address R.R. #4 St. Joseph, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/9/46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Hester Beck & Bowman

(b) Address St. Joseph, Mo.

19. (a) Feb. 9, 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 6 year 1946 hour 5 minute P M.

21. I hereby certify that I attended the deceased from Jan 30, 1946 to Feb 6, 1946 that I last saw him alive on Feb 2, 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Arteriosclerosis, general | Unknown |
| Due to | |
| Due to | |
| Other conditions: Cerebral accident (minor) | — |

(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy No

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H. S. Redmond, M.D. (M. D. or other)

Address Corby Bldg, St Joseph Mo. Date signed Feb 7, 46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Wm. Redmond
Corley Bldg.

## 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 Frank A. Bowman

Licensed Embalmer No. 1710

P. O. Address St Joseph 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.**