S. No. 2
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P I X37823

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

21443

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 29 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22579

Registration District No. 2 Primary Registration District No. 4009 Registrar's No. 69

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town SAVANNAH (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 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew 2

(c) City or town Savannah (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 Franklin Joseph Morrison

3. (b) If veteran, name war —

3. (c) Social Security No. no

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced S U

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 8 (Day) 1872 (Year)

8. AGE: Years 73 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Mayetta (City, town, or county) Kansas 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name David B. Morrison 4
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Adaline Hasting
15. Birthplace Unknown (City, town, or county) Ind 1 (State or foreign country)

16. (a) Informant Alice E Montgomery

(b) Address 500 Gratton Topeka Kans

17. (a) B. (Burial, cremation, or removal) (b) Date thereof 6-15-46 (Month) (Day) (Year)

(c) Place: burial or cremation SAVANNAH

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo

19. (a) 6-18-46 (Date received local registrar) (b) Lillian Spark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13 year 1946 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from May 30, 1946, to June 13, 1946 that I last saw him alive on 6/13, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of Liver Ascites	?
Due to: Myocardial Degeneration	?
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 1248

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 Clifford L Steidley (Dr. or other) DD

Address Savannah Mo Date signed 6/15/46

(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Brick

Licensed Embalmer No. 2650

P. O. Address Savannah 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.