

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 19 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36155**

Registration District No. **42** Primary Registration District No. **1000** Registrar's No. **1261**

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mo. Methodist 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 Life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town R. R. #5, St. Jos. Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. R. #5  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lella Mae Morrison

3. (b) If veteran, name war No 3. (c) Social Security No. 498-24-5328

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Edward Morrison 6. (c) Age of husband or wife if alive 26 years  
7. Birth date of deceased April 30 1919  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
27 6 6 hr. min.

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

10. Usual occupation Cook.  
11. Industry or business Katz Drug Co.

MOTHER FATHER  
12. Name Sam DeVall  
13. Birthplace Stewartsville Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Lena Atterbury  
15. Birthplace Lathrop Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Morrison  
(b) Address R.R. #5, St. Jos. Mo.  
17. (a) Burial (b) Date thereof 11/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Heater Re Job & Bowman  
(b) Address St. Joseph Mo.

19. (a) Nov. 14, 1946 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6  
year 1946 hour 1 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 11-4-46  
\_\_\_\_\_ 19\_\_\_\_ to 11-6 1946  
that I last saw her alive on 11-6 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage internal Duration 1 hr  
Due to Rupture of tube from pregnancy. 1 hr  
Due to \_\_\_\_\_  
Other conditions Pregnancy in tube 3 mos  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1430  
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 C  
23. Signature H. A. [Signature] (M. D. or other) M.D.  
Address St. Joseph Mo. Date signed 11-8-46

(Licensed Embalmer's Statement on Reverse Side)

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

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**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..... Eugene Wood  
Licensed Embalmer No. 3804  
P. O. Address. 317 So 10th 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.**