

FILED JAN 14 1947

Registration District No. 101

Primary Registration District No. 5414

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

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town AVA, RURAL Washington
(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 _____ years, months or days

3. (a) PRINT FULL NAME William J. Morrison

3. (b) If veteran, name war No 3. (c) Social Security No. 497-22-1372A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Morrison 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased December 24, 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 14 If less than one day hr. min.

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

10. Usual occupation Farming, Welding

11. Industry or business

MOTHER FATHER { 12. Name William A. Morrison

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

14. Maiden name Arminia Breedlove

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

16. (a) Informant Lou Morrison

(b) Address R. Ava, Missouri

17. (a) Burial (b) Date thereof 12-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Goodhope

18. (a) Signature of funeral director Clinkingbeard Funeral Home

(b) Address Ava, Missouri

19. (a) 12-31-46 (b) Vestal Bushman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8
year 1946 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Dec. 7
1946 to only, 19____;
that I last saw her alive on Dec 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____
apoplexy

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. C. Emery (M. D. or other) _____
Address Ava Date signed 12-14-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 147-91

Date Filed JAN 13 1947

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..... *W.B. Hutchinson*

Licensed Embalmer No. 3431

P. O. Address..... *Ans 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.