

FILED MAY 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14785
Registrar's No. 140

Registration District No. 316

Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington **RURAL** St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Hospital No. 42
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs. 11 mos. 21
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EFFIE ELIZABETH MORRISON

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased January 26, 1869
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Jefferson County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John W. Bennett

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

14. Maiden name Leah Young

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof March 2, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Black River Cemetery

18. (a) Signature of funeral director N. T. Phelps

(b) Address Poplar Bluff, Missouri

19. (a) 4-26-47 (b) Cather Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 94
(c) City or town Poplar Bluff 0
(If outside city or town limits, write "RURAL")
(d) Street No. Unknown 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1947 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from April 19, 1946 to Feb. 28, 1947 19
that I last saw her alive on Feb. 28, 1947 19
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal pneumonia Duration

Due to fractured hip

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy No autopsy

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) accident 94

(b) Date of occurrence Jan 13, 1947

(c) Where did injury occur? Farmington St. Francois Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
State Hospital No 4

While at work? No (Specify type of place) (e) Means of injury fall on floor

23. Signature George W. Reuch (M. D. or other) M.D.

Address Farmington Mo Date signed 3/6/47

RECEIVED

District Health Officer No. 4
District File Number 547-629
Date Filed 5-5-47

KOBI-SOM

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 Paul K. Dugal
Licensed Embalmer No. 4120
P. O. Address Larnington 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.