

S. No. 2
4-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

23088

FILED JUN 20 1947

State File No.

Martin 333
Registration District No.

3024
Primary Registration District No.

50
Registrar's No.

1. PLACE OF DEATH:

(a) County Scott
(b) City or town Sikeston
(c) Name of hospital or institution:
Home - 319 Moore Ave 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 64 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott
(c) City or town Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No. 319 Moore Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harvey Edward Morrison

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ida Belle Morrison 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased 1 23 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 4 18 hr. min.

9. Birthplace Eldorado Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Decorator

11. Industry or business _____

MOTHER FATHER { 12. Name George M. Morrison
13. Birthplace Eldorado Ill.
(City, town, or county) (State or foreign country)
14. Maiden name Livana Crawford Torri
15. Birthplace Eldorado Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Howard E. Morrison
(b) Address 4024 Central Ave Indianapolis

17. (a) Burial (b) Date thereof 6/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H. W. Albritton

(b) Address Sikeston, Mo.

19. (a) 6-17-47 (b) Mrs. J. F. Henry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11
year 1947 hour 7 minute 30 a. m.

21. I hereby certify that I attended the deceased from 6-10
1947 to 6-11 1947
that I last saw him alive on 6-11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Incurable, bacterial
Due to Cerebral Hemorrhage
Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

Duration

3 days

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? _____

While at work? _____ (Specify type of place) _____
(a) Means of injury _____
23. Signature [Signature] (M. D. or other) [Signature]
Address Sikeston, Mo Date signed 6-17-47

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

0
5
2

RECEIVED

District Health Office No. 2,

District File Number 642-825

Date Filed 6-18-41

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.....

John A. Allerton

Licensed Embalmer No. 2941

P. O. Address.....

Superior Ave

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.