S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8432

Registration District No. 128 — Primary Registration District No. 2000 — Registrar's No. 252

1. PLACE OF DEATH:

(a) County: Greene

(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: O'Reilly VA Hospital, Springfield, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 47 Days (Specify whether

In this community: 10 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Dade

(c) City or town: Everton (If outside city or town limits, write "RURAL")

(d) Street No.: Box 89 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: MORRELL, Harry W.

3. (b) If veteran, name war: World War II

3. (c) Social Security No.: 577-40-3462

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Maxine Morrell

6. (c) Age of husband or wife if alive: 27 years

7. Birth date of deceased: August (Month) 11 (Day) 1913 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	7	11	13 hr. 28 min.

9. Birthplace: Hartsville, South Carolina (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Clinical Records

(b) Address:

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-25-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Arlington Natl, Va.

18. (a) Signature of funeral director: Gorman-Scharff Funeral Home

(b) Address: Springfield, Mo.

19. (a) 3/25/48 (Date received local registrar) (b) W. E. Handley W.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1948 hour 1:00 minute 28 P.M.

21. I hereby certify that I attended the deceased from February 5, 1948, to March 23, 1948; that I last saw him alive on March 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Hodgkins granuloma extensive abdomen with metastasis to spleen, Hydroureter bilateral

Due to:

Due to:

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

Major findings: Of operations:

Of autopsy: Hodgkins granuloma extensive abdomen with metastasis to spleen Hydroureter bilateral

Duration

PHYSICIAN

Underline the cause of 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) Date of injury:

23. Signature: PAUL L. EISELE (M. D. or other) M.D.

Address: Clinical Director Date signed: 3/23/48

Jefferson City Printing Co. (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 L Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield 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.