No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11599

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 477

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

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: 2008 Colhoun, Street 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 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 2008 Colhoun, Street 7
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: James W. Morrissey
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widdwed 2
6. (b) Name of husband or wife: Elizabeth
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: November (Month) 1, (Day) 1864 (Year)

8. AGE: Years 83 | Months 5 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace: Tonuskuay, (City, town, or county) Pa. (State or foreign country) 1
10. Usual occupation: Ret. Car Inspector
11. Industry or business: Great Western Railroad

FATHER
12. Name: James Morrissey
13. Birthplace: Unk (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name: Ellen Buggy
15. Birthplace: Unk (City, town, or county) Irland (State or foreign country) 4

16. (a) Informant: Mrs. R. E. Evans
(b) Address: 2008 Colhoun, St. Joseph, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Conception, Mo.
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 4-27-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 3 8 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from July 1946 ....., 19....., to 4.9.48, 19.....; that I last saw him alive on 4.10.48, 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial pneumonia	36 hrs.
Due to: —	
Due to: —	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: —	
Of autopsy: — 107	

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) Means of injury —

23. Signature: [signature] (M.D. or other)
Address: St. Joseph Mo. Date signed: 4.23.48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Ryan

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address St Joseph

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.