

FILED APR 19 1948

Registration District No. 251

Primary Registration District No. 4381

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Hopkins
(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 Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Leman Morehouse

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lillie Morehouse 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased Mar. 4 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Hopkins Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Harvey Morehouse
13. Birthplace Ashland Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Adaline Wood
15. Birthplace Buffalo N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillie Morehouse
(b) Address Hopkins, Mo.
17. (a) Burial (b) Date thereof 4 4 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hopkins, Mo.

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins, Mo.
19. (a) 4-10-48 (b) Bess Holt
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway 74
(c) City or town Hopkins
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1948 hour 6 minute 15 P.M.

21. I hereby certify that I attended the deceased from 1945 to 4/1/48
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 2 min.
Due to arterio sclerosis 30 yrs

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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address Hopkins Date signed 4/2/48

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

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DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....
..... *myself* Registered Apprentice No.....
working under my personal supervision.

Signed..... *Stanley Swanson*
Licensed Embalmer No. *3963*
P. O. Address *Halsia, 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.