

FILED JUL 9 1948

Registration District No. 277

Primary Registration District No. 5948

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Ashley
(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 3 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pike
(c) City or town Bowling Green (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. 89 (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Timon Olive Morrison

3. (b) If veteran, name war No. 3. (c) Social Security No. 490-28-6990

4. Sex MO 5. Color or race W
6. (b) Name of husband or wife Clara Morrison 6. (c) Age of husband or wife if alive 56 years (Day) (Year)

7. Birth date of deceased March 11 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 20 If less than one day hr. min.

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

10. Usual occupation CARPENTER

11. Industry or business _____

MOTHER FATHER
12. Name David Morrison
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Reed
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Morrison
(b) Address Ashley, Mo.

17. (a) Burial (b) Date thereof June 3 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Cemetery

18. (a) Signature of funeral director John W. Butler
(b) Address Bowling Green Mo

19. (a) 6-22-48 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 31
year 1948 hour 4 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Myocard
Due to _____

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

Major findings: atw
Of operations _____
Of autopsy _____

Duration
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)
(c) Means of injury W.O. 2
23. Signature J.M. Mathews (M. D. or other) 2
Address Bowling Green Mo Date signed 6-2-48

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

RECEIVED

District Health Officer No. 10

District File Number 7-48-118

Date Filed JUL 7 - 1946

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 W Butler

Licensed Embalmer No. 4447

P. O. Address: Bowling Green

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: