

FILED AUG 7 1948

Registration District No. **75**Primary Registration District No. **5300**

1. PLACE OF DEATH:

- (a) County **Clinton**
 (b) City or town **Rural Platte Twp.**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **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 **21 mos.**
years, months or days)3. (a) PRINT FULL NAME **Douglas Lynn MORRISON**

3. (b) If veteran, name war. **x** 3. (c) Social Security No. **x**
 4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **x** 0 **x**
 6. (b) Name of husband or wife **x** 6. (c) Age of husband or wife if alive **x** years

7. Birth date of deceased **Oct 25 1946**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 8 22 hr. min.

9. Birthplace **Sta. Joseph Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation
- INFANT**

11. Industry or business

12. Name **William Wesley MORRISON**
 13. Birthplace **Clinton Co. Missouri**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Doris Pauline SANDERS**
 15. Birthplace **DeKalb Co. Missouri**
 (City, town, or county) (State or foreign country)

16. (a) Informant **William MORRISON**
 (b) Address **Osborn Mo.**

17. (a) **BURIAL** (b) Date thereof **7/19/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation
- Osborn Mo.**

18. (a) Signature of funeral director **H. B. Lyon**
 (b) Address **Platte Mo.**

19. (a) **July 19, 1948** (b) **Winifred W. Moser**
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State **Missouri** (b) County **Clinton**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Co. 7th Twp. Platte**
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **17**
 year **1948** hour **9** minute **15 P.M.**

21. I hereby certify that I attended the deceased from **Sept 1947**
 19 to **7-15-1948**
 that I last saw him alive on **7-15** 1948
 and that death occurred on the date and hour stated above.

- Immediate cause of death **Pancreatic fibrosis**
 Duration **Engaged**

- Due to

- Due to

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

- Major findings:
 Of operations

- Of autopsy

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) (e) Means of injury

23. Signature **H. B. Peterson** (M. D. or other)
 Address **St. Joseph Mo.** Date signed **7-18-48**

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.....

working under my personal supervision.

Registered Apprentice No.

Signed.....

Danell D. Lyon

Licensed Embalmer No. *3640*

P.O. Address. *Plattsburg, N.Y.*

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.