S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 17 1948

Registration District No. 109

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3043

State File No. 27035

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Holliday R R 69
(If outside city or town limits, write "RURAL")

(d) Street No. — 0
(If rural, give location) 0

(e) Citizen of foreign country? — (Yes or No) 1

If yes, name country —

3. (a) PRINT FULL NAME Bertha Jane Morrison

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Carl Vernon Morrison

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 3 (Month) 22 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	2	16	hr. min.

9. Birthplace Monroe Co (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

FATHER
12. Name John Sanders
13. Birthplace Monroe Co (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Effie L McKinney
15. Birthplace Pike Co (City, town, or county) Del 11 (State or foreign country)

16. (a) Informant Carl Morrison
(b) Address Holliday Mo RR 5

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Fred A Thompson
(b) Address Madison Mo

19. (a) 8-11-48 (Date received local registrar) (b) Dr E M Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1948 hour 7 minute 11 P. M.

21. I hereby certify that I attended the deceased from June 1 1948 to June 8 1948 that I last saw her alive on June 5 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 42 B	
Major findings: Of operations Ectopic pregnancy	
Of autopsy	

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 J. H. Kirkwood (M. D. or other)

Address 1001 Bailey Hannibal Mo Date signed 8-8-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1950

AUG 19 1948

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 Marshall G. Thompson

Licensed Embalmer No. 3282

P. O. Address Madison Md

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.