

FILED SEP 8 1948
Registration District No. 320

Primary Registration District No. 6225

State File No. _____

Registrar's No. 116

1. PLACE OF DEATH

(a) County VERNON
(b) City or town WASHINGTON Twp - rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE Hosp # 3 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)
In this community Same time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass
(c) City or town Cleveland
(If outside city or town limits write "RURAL")
(d) Street No. none (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 28
year 1948 hour 2 minute 15 A.M.
21. I hereby certify that I attended the deceased from Aug 12, 1948, to Aug 27, 1948;
that I last saw him alive on Aug 27, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Atherosclerotic cardiovascular disease carcinoma from metastasis

Due to _____
Due to _____
Other conditions: Senile psychosis, Suicide deterioration
(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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature James J. Parson (M. D. or other) MD
Address State Hosp # 3 Date signed 28-48

3. (a) PRINT FULL NAME MORRIS B. JOB

3. (b) If veteran, name war WW 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased June 16 1856
(Month) (Day) (Year)

8. AGE: Years 92 Months 2 Days 12 If less than one day hr. _____ min. 9

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

10. Usual occupation none

11. Industry or business none

12. Name Morris Job
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name Virginia Robinson
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Records

(b) Address State Hosp # 3, Nevada

17. (a) Removal (b) Date thereof Aug 28 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cleveland, Mo

18. (a) Signature of funeral director Therese Funeral Home
(b) Address Cleveland, Mo

19. (a) 9-1-48 (b) Hathorn Yaucy
(Date received local registrar) (Registrar's signature) 3211

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

RECEIVED

District Health Officer No. 7;

District File Number 8-48-1010

Date Filed 9-8⁷-48

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Marsh Eschinger

Licensed Embalmer No.

2656

P. O. Address

Peorade, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.