

FILED JAN 10 1949

Registration District No.

Primary Registration District No. 1000

Registrar's No. 1425

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town ST. JOSEPH.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MERCY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 HRS.
In this community 6 hrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME CHARLES GORDON MORRISON, JR.

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 Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive 31 years (Month) (Day) (Year)
7. Birth date of deceased 12 (Month) 31 (Day) 1948 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 6 hr. 10 min.

9. Birthplace ST. JOSEPH. (City, town, or county) MO (State or foreign country)

10. Usual occupation none

11. Industry or business none

12. Name CHARLES GORDON MORRISON
13. Birthplace OSBORN (City, town, or county) MO (State or foreign country)
14. Maiden name MARY EMMA BROWN
15. Birthplace CAMERON (City, town, or county) MO (State or foreign country)

16. (a) Informant CHARLES G. MORRISON
(b) Address CAMERON MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2, 1949 (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Cemetery, Osborn, Mo.

18. (a) Signature of funeral director Edward Paul Brown

(b) Address 222 West 3rd, Cameron, MO

19. (a) 1-6-49 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DONALDSON 32
(c) City or town CAMERON
(If outside city or town limits, write "RURAL")
(d) Street No. 909 North Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Dec. 31 1948 to Dec. 31 1948
that I last saw him alive on Dec. 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CONGENITAL MALFORMATION OF THE HEART.

Due to MALFORMATION OF THE FORAMEN OVALE

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157
Of autopsy 157

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 2

23. Signature W. J. P. King (M. D. or other) D.O.
Address 823 Faron Date signed 12-31-48

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

Licensed Embalmer No. 2495

P. O. Address 224 West 4th
Cumey, 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.