

Registration District No. 88

Primary Registration District No. 4151

Registrar's No. 14

1. PLACE OF DEATH:

(a) County CRAWFORD
(b) City or town STEELEVILLE
(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 50 YRS.
years, months or days)

3. (a) PRINT FULL NAME THOMAS LAFAJETTE MORRISON

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 MARRIED
6. (b) Name of husband or wife NANCY 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased SEPTEMBER 24 - 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace DENT Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES MORRISON
13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name LOURAINAY TEEF
15. Birthplace MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. CLARENCE EATON
(b) Address STEELEVILLE, MISSOURI
17. (a) BURIAL (b) Date thereof 3-23-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FREEMAN

18. (a) Signature of funeral director Thomas S. Stuebel
(b) Address STEELEVILLE, MISSOURI
19. (a) 6-7-47 (b) Stuebel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CRAWFORD
(c) City or town STEELEVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 21 ST.
year 1947 hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 1946 to March 21 1947
that I last saw him alive on on Jan 4 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____
Uremia

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

Major findings: _____
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 R. G. Parker (M. D. or other) _____
Address Steeleville, Mo Date signed 3-27-47

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

RECEIVED

District Officer No. 6,

District

647331

Date Filed

6-25-47

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

C. Jesse Gahr

Registered Apprentice No.

433

working under my personal supervision.

Signed

Thomas S. Hebert

Licensed Embalmer No.

4332

P. O. Address

STEELVILLE, 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.

Registration District No. 48

Primary Registration District No. 4151

1. PLACE OF DEATH:

(a) County Crawford
(b) City or town Stodwick
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Thomas L Morrison

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Sept 2 1918
(Month) (Day) (Year)

8. AGE: 80 Years 5 Months 20 Days

(If less than one day hr. min.)

9. Birthplace _____ (City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____ (City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATE

20. DATE OF DEATH: Month July Day 19 Year 1998
hour _____ minute _____ M.

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

Immediate cause of death Bronchial pneumonia
Duration _____

Due to Retention of urine due to enlarged prostate

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____ 107

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 R. B. Parshur (M. D. or other) _____
Address St. Louis, Mo Date signed 7/24/98

SUPPLEMENTARY

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

S-20440