

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14610
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township _____ Primary Registration District No. 2001 Registered No. 298
(c) City Springfield (d) Street No. 1249 N. Sherman St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HARRY DAVID MORRIS 1620

(a) Residence, No. 1249 N. Sherman St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna May Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1888
7. AGE YEARS 49 MONTHS 8 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner
9. Industry or business in which work was done, as saw mill, bank, etc. Moving Van Co.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 13
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Mo.
FATHER 13. NAME David P. Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren Ark.
MOTHER 15. MAIDEN NAME Maggie Ricketts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Battle Creek Mo.
17. INFORMANT Mrs. Harry Morris
(ADDRESS) 1249 N. Sherman Springfield Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Woods DATE April 4 1938
19. FUNERAL DIRECTOR Phierne
(ADDRESS) Springfield, Mo.
20. FILED Apr 4 1938 Chas A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2, 1938

I HEREBY CERTIFY, That I attended deceased from March 29, 1938, to Apr 2, 1938, 1938
I last saw him alive on Apr 2, 1938. Death is said

to have occurred on the date stated above, at 1:50 p. m.

The principal cause of death and related causes of importance were as follows:

Enlarged Heart

Date of onset

Other contributory causes of importance:
mitral regurgitation with extra systoles.

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury _____, 1938Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. T. Walsh, M. D.(Address) Springfield Mo

STATEMENT BY LICENSED EMBALMER

I, Ralph Chieme, Licensed Embalmer No. 3681
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Ralph Chieme
Licensed Embalmer No. 3681

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.)