

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

24290
Do not use this space.

AUG 8 1938

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township W. C. Mo. Primary Registration District No. 1002
 (c) City W. C. Mo. (d) Street No. General Hosp. #2 Registered No. 2795
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Stella C. Morris
 (a) Residence, No. 5617 E. 36th Ave. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE Colored
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Leon Morris
 (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 8
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School teacher
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 FATHER
 13. NAME Frank Jones
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 MOTHER
 15. MAIDEN NAME Jane Haven
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Record Clerk General Hosp #2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Haldens Mo. DATE July 12, 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. N. Goodman Haldens Mo.
 20. FILED 7-11, 1938 M. M. Crowe, asst. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9, 1938
 22. I HEREBY CERTIFY, That I attended deceased from 7-8, 38, to 7-9, 38, 1938
 I last saw her alive on 7-7-38 Death is said to have occurred on the date stated above, at 9:15 PM.
 The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction
 from old bands of adhesions from operation 120 yrs. ago
 Date of onset 7/5/38
 Name of operation Intestinal Obstr.
 What test confirmed diagnosis? Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury
 Where 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) J. D. Dwyer M. D.
 (Address) General Hosp. #2

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.....

P. O. Address.....

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, above space should be left blank.