

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

42370

Do not use this space.

1. PLACE OF DEATH
 (a) County Buchanan Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City St Joseph, Mo. (d) Street No. St Joseph Hospital Registered No. 1250
 (If death occurred in hospital or institution, write its name instead of street and number) St. _____
 (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 Woodrow Wilson Morris
 (a) Residence, No. 1008 So. 10 St. - St Joseph, Mo. 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 Mrs Doris Morris
 WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 15, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 10 28

OCCUPATION
 8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. employed by
 9. Industry or business in which work was done, as saw mill, bank, etc. City gas. Co.
 10. Date deceased last worked at this occupation (month and year) 27 Dec. 1938 11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County Missouri

FATHER
 13. NAME Floyd M. Morris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Missouri

MOTHER
 15. MAIDEN NAME Anna Cowland
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Missouri

17. INFORMANT (ADDRESS) Floyd M. Morris 1008 So. 10 St. St Joseph, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE To Cemetery 5 miles So. of St Joseph, Mo DATE Dec. 15, 1938

19. FUNERAL DIRECTOR (ADDRESS) H.A. Sullins Lower, Missouri

20. FILED 12/19/38 W. H. McCluskey Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1938, to Dec 12, 1938
 I last saw him alive on Dec 12, 1938 Death is said to have occurred on the date stated above, at 12:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia of right Lung Date of onset 10/5

Other contributory causes of importance:
Mitral Insufficiency

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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) B. W. Tadlock, M. D.
 (Address) King Hill Bldg.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, H. A. Sullins, Licensed Embalmer No. 1738

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed H. A. Sullins

Licensed Embalmer No. _____

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.)