

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

32709

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Madison Primary Registration District No. 5564 Registered No. 183
 (c) City Carthage (d) Street No. Rural Route 1, Carthage 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 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William E. Morley

(a) Residence, No. Rural Route 1, Carthage 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Pace Morley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 25
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 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) Unknown 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. W. U. Hill
 (ADDRESS) R. R. 1, Carthage

18. BURIAL, CREMATION, OR REMOVAL Green Lawn Cemetery
 PLACE Springfield, Mo. DATE 9-28-39

19. FUNERAL DIRECTOR (NAME) Ulmer Funeral Home
 (ADDRESS) Carthage, Mo.

20. FILED Sept 28, 1939 E. J. McEntire, M.D.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-39, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 8/16, 1939 to 9/16, 1939
 I last saw him alive on 9/16/39, 1939. Death is said to have occurred on the date stated above, at 12:30 A. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis
Arteriosclerotic Heart Disease
 Other contributory causes of importance: 95%
Arteriosclerotic Heart Disease

Date of onset 9/27/39
1930
1930

Name of operation _____ Date of _____
 What test confirmed diagnosis? History of illness 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) W. J. McEntire, M.D.

(Address) 304 Grant Carthage, Mo.

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.

47

1067 12 100

RECORDED

Officer No. 6,
District File Number 1039-2002
Date Filed OCT 6 1939

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 *E. L. ...*
Licensed Embalmer No. 2222
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.