

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.

Registration District No. 50

Primary Registration District No. 3064

1. PLACE OF DEATH: Bates 1  
 (a) County Bates  
 (b) City or town Butler  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Butler Memorial Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Three days  
 (Specify whether years, months or days)  
 In this community thirty five years

3. (a) PRINT FULL NAME Armintha Morris 62A  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, remarried  
 6. (b) Name of husband or wife Eli Morris 6. (c) Age of husband or wife if alive 80 years  
 7. Birth date of deceased Aug. 25 1856  
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	3	20	hr. min.

9. Birthplace Illinois  
 (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Patron Not known 9  
 13. Birthplace Illinois (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown (State or foreign country)

16. (a) Informant's own signature Claude Morris  
 (b) Address Rich Hill, Mo.  
 17. (a) Greenlawn (b) Date thereof Dec. 23 39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn  
 18. (a) Signature of funeral director SOUTH FUNERAL SERVICE  
 (b) Address Rich Hill, Mo.

19. (a) Dec 23-39 (b) Nora L. Culver  
 (Date received local registrar) (Registrar's signature) 53

2. USUAL RESIDENCE OF DECEASED: 1  
 (a) State Missouri (b) County Bates  
 (c) City or town Rich Hill Missouri  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
 year 1939 hour 10 AM/PM A. M.

21. I hereby certify that I attended the deceased from Oct 22 1939 to Dec 21 1939  
 that I last saw him alive on Dec 20 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cordis Decompensation with Generalized Edema  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (b) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. optional)  
 Address Rich Hill, Mo. Date signed 12/21/39

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

1-40-150

1-12-40

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**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. 3585

P. O. Address Butler 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, above space should be left blank.**