

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

43332

Do not use this space.

1. PLACE OF DEATH

(a) County Gasconade <sup>2</sup> Registration District No. 306  
(b) Township Boeur <sup>1</sup> Primary Registration District No. 5424  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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 177 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 15

2. PRINT FULL NAME HENRY WILLIAM MORRE

(a) Residence, No. Drake, 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 (OR) WIFE OF Martha Morre

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 3 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Blacksmith  
10. Date deceased last worked at this occupation (month and year) 1939  
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Drake (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Morre

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT A. K. Morre (ADDRESS) Owensville, MO RFD

18. BURIAL, CREMATION, OR REMOVAL PLACE M. K. Zoar Cem. DATE 12-22-39

19. FUNERAL DIRECTOR (NAME) HUGO Bruner (ADDRESS) Herman, MO

20. FILED 12-22 1939 John Engelbrecht Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9 1939, to Dec. 20 1939  
I last saw him alive on Dec. 20 1939. Death is said to have occurred on the date stated above, at 5 A.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy  
820  
Date of onset 12-16-1939

Other contributory causes of importance:  
arteriosclerosis, Prostate trouble and tumor right side of throat, natural not diagnosed

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical (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) John Engelbrecht, M. D.  
(Address) Stampsville, 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.

**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 *H. Gast Blumel*

Licensed Embalmer No. 3160

P. O. Address Herrmann, 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.**