

REC'D JAN 18 1940

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

44183
Do not use this space.

1. PLACE OF DEATH
 (a) County Nodaway Registration District No. 619
 (b) Township Polk Primary Registration District No. 5821 Registered No. 7
 (c) City Clearmont, Missouri (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucius Ederb Morell
 (a) Residence, No. Clearmont 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 Rachael E. Morell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 5, 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 9 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) 1938
 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxfordville, Wisconsin

FATHER
 13. NAME James Morell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
 15. MAIDEN NAME Catharine Closset
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Henry Morell
Clearmont Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont, Mo. DATE Oct. 29 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home
Maryville, Missouri.

20. FILED Jan 15 1940 W.B. Humphrey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10 1939, to Oct 27 1939
 I last saw h. live on Oct 22 1939 Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic
Coronary Sclerosis
Myocardial embolism
in leg
arteriosclerotic gangrene
 Other contributory causes of importance: left heart

Date of onset 23-

Name of operation amputation left leg Date of Sept 25 1939
 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 _____ 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) S. H. Oakes M. D.
 (Address) Gen. Delivery, J. P. M.

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.

20M-9-19-38 I X16605

RECEIVED

District Health Officer No. 11;

District File Number

140-1989

Date Filed

JAN 16 1940

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed

John W. Price.

Licensed Embalmer No.

3229.

P. O. Address

Maryville 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.