

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 49

1. PLACE OF DEATH:

(a) County Callaway  
 (b) City or town Fulton  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: The Callaway Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution fifteen minutes  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
 (c) City or town Fulton  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 409 Court St  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18  
 year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
Feb. 18, 1940, to Feb. 18, 1940  
 that I last saw him alive on Feb. 18, 1940;  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Cardiac Dilatation 10 min  
Pulmonary edema " "  
 Due to Cor. Myocardial  
Regeneration 7

Other conditions None  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations None  
 Of autopsy None

Duration

PHYSICIAN

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
 While at work \_\_\_\_\_ Means of injury \_\_\_\_\_  
 23. Signature John Brown (M. D. or other) \_\_\_\_\_  
 Address Fulton, Mo. Date signed \_\_\_\_\_

3. (a) PRINT FULL NAME Palide Jack Morris

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Mae Morris 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 12 1878  
 (Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Madison Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Cafe Proprietor

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

12. Name Earl Morris

18. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Barnes

15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Rayton Morris

(b) Address Central, Missouri

17. (a) Burial (b) Date thereof Feb 20, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Cemetery

18. (a) Signature of funeral director Joe H. Wallace

(b) Address Fulton, Missouri

19. (a) Feb 20, 1940 (b) R. N. Crews  
 (Date received local registrar) (Registrar's signature)

MOTHER FATHER

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.

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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 *Harold J. Christy*  
Licensed Embalmer No. *4002*  
P. O. Address *Dutton, 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.**