

FILED APR 4 1940

1061

Registration District No. _____

Primary Registration District No. 5385

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Ava Rural Miller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days 620

3. (a) PRINT FULL NAME Hugh Morris
Infant son of Violet and

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 26 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 4 hr. _____ min.

9. Birthplace R. 2, Ava, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name Hugh Morris
13. Birthplace Douglas Mo
(City, town, or county) (State or foreign country)
14. Maiden name Violet Miller
15. Birthplace Bryant Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hugh Morris
(b) Address _____

17. (a) Burial (b) Date thereof 2-27-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Turkey Creek

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) H. S. McLehite
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Ava, Route
(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 Feb. day 26
year 1940 hour 4 minute P.M.

21. I hereby certify that I attended the deceased from Feb 26, 1940, to Feb 26, 1940; that I last saw him alive on Feb 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pre-mature birth

Due to _____

Due to 15 1/2

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) (e) Means of injury _____

23. Signature A. M. Norman (M. D. or other) 1
Address Ava Mo Date signed Mar 7/40

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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S. P. Norman

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.....

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.