FILED APR 23 1940

. S. No. 2
M—11-10-39
ev. 5-17-39
I X21492

39
1
0

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10925

Registration District No. 316 Primary Registration District No. 4191 Registrar's No. ~~4191~~

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Ash Grove (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 640

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Ash Grove (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Julia Emily Morley

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 Widowed

6. (b) Name of husband or wife Lee Morley

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

7. Birth date of deceased 12 (Month) 9 (Day) 1866 (Year)

8. AGE: Years 73 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Dade Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name James Blanchard
13. Birthplace Dade Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Naylor
15. Birthplace Dade Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs Cora Moore

(b) Address Ash Grove Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) - (Day) - 1940 (Year)

(c) Place: burial or cremation Sinking Creek

18. (a) Signature of funeral director Frogdon-Morris-Cumans

(b) Address Ash Grove Mo

19. (a) 3/26/1940 (Date received local registrar) (b) Mrs Leonard Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 25 year 1940 hour 7 30 minute M.

21. I hereby certify that I attended the deceased from March - 22 - 1940, to March 25, 1940; that I last saw him alive on March, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Oedema

Due to Congestive heart failure

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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? (e) Means of injury

23. Signature Charles H McHaffie (M. D. or other) M.D.

Address Ash Grove Mo. Date signed 3-27-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office,
County File Number 40-43
Date Filed 4-17-40

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 E. R. Lemon

Licensed Embalmer No. 3297

P. O. Address Miller 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.