

PR 23 1940

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(c) Name of hospital or institution: 416 Roberts
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 416 Roberts
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

8. (a) PRINT FULL NAME JENNICE KAY MORRIS 620
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25th
year 1940 hour 12 minute 10 a.m.

4. Sex Female 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 July 15th 1939
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 8 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Natural but not determined
Duration 2 weeks

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

10. Usual occupation _____

Major findings: _____
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Leslie Morris 1
13. Birthplace Ill
14. Maiden name Catherine Stovell
15. Birthplace Mo
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Catherine Morris
(b) Address Moberly Mo
17. (a) Burial (b) Date thereof March 25-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo
18. (a) Signature of funeral director Maahon and Son
(b) Address Moberly Mo
19. (a) Mar 25 1940 (b) Leah Hullett
(Date received local registrar) (Registrar's signature)

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? 25
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature E. J. Strader (M. D. or other) corner
Address Moberly Mo Date signed 3-25-40

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.

RECEIVED

District Health Officer No. 10

District File Number 4-40-886

Date Filed APR 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.....

....., 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.

Not

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