

FILED APR 17 1940

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

12722
Do not use this space.

1. PLACE OF DEATH

(a) County Vermon Registration District No. 876
(b) Township Center Lake Primary Registration District No. 6164 Registered No.
(c) City Lake (d) Street No. 2 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 BETTY MORRIS

(a) Residence, No. Richardson 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 fm 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julian Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24-1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER
13. NAME Orville Shelby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Grace Beet

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. A. E. Kinney
Richardson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch Cem DATE Mar. 2 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leary Funeral Home
Nevada, Mo.

20. FILED 3/25 140 Stella Field
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 29 1940

22. I HEREBY CERTIFY, That I attended deceased from March 15 1939, to Feb 29 1940
I last saw her alive on Aug. 26 1939. Death is said to have occurred on the date stated above, at 2:50 a.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis (Fibrotic) Date of onset 1938
Resulting in a dropical condition

Other contributory causes of importance: 92 W

Name of operation Date of
What test confirmed diagnosis Phys. Exam Was there an autopsy? No.

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) J. L. Moore M. D.
779 (Address) Moada, Mo.

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. 7,
District File Number 4-40-540
Date Filed 4/2/40

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 Person
....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd B. Winneat
Licensed Embalmer No. 3857
P. O. Address Nevada, 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.