

FILED MAY 2 1940

## STANDARD CERTIFICATE OF DEATH

State File No. 15838

Registration District No. 213

Primary Registration District No. 5942

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Pulaski, Mo.  
 (b) City or town Rehoboth, Mo.  
 (c) Name of hospital or institution Reverie Ranch  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2  
 (Specify whether years, months or days) 6 years

3. (a) PRINT FULL NAME ELIZABETH MORRIS

8. (b) If veteran, name war. (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 Mrs. Morris 6. (c) Age of husband or wife if alive 13 years  
 7. Birth date of deceased Nov 13 1859  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
8 5 4 hr. min.9. Birthplace Greensburg, Indiana  
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Will Turner  
 13. Birthplace Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Allen Stacey  
 (b) Address Rehoboth, Mo.  
 17. (a) Burial (b) Date thereof 3/20/40  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Morgan's Cemetery

18. (a) Signature of funeral director W. S. Jumper  
 (b) Address Rehoboth, Mo.  
 19. (a) 3/23/40 (b) W. S. Jumper  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Pulaski  
 (c) City or town Rehoboth  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Reverie road.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 19th  
 year 1940 hour 0 minute P. M.21. I hereby certify that I attended the deceased from 2/12, 1940, to 3/17, 1940;  
 that I last saw her alive on 2/12/40  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Interstitial Nephritis

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? 41  
 While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. S. Jumper (M. D. or other) \_\_\_\_\_  
 Address Wagonville Date signed 3/23/40W. S. Jumper

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.

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.

District Health Officer No. 5,

District File Number 42-1757

Date Filed 4/28/58

Signed.....

Licensed Embalmer No. 3198

P. O. Address.....

Richland 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.

*Embalmed*