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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18904

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Marceline
(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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

(c) City or town Marceline
(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.

3. (a) PRINT FULL NAME Alfred C Morris 600

3. (b) If veteran, name war none

3. (c) Social Security No. none

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 May (Month) 10 (Day) 1940 (Year)

8. AGE: Years 0 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Alfred C Morris
13. Birthplace Marceline (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Edna Hatch
15. Birthplace Maples (City, town, or county) N.Y. (State or foreign country)

16. (a) Informant's own signature Alfred C Morris
(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director James M Kaughlin
(b) Address Marceline Mo

19. (a) 5-28-40 (Date received local registrar) (b) Olive L Barrett (Registrar's signature)

[redacted] CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 1940 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from 5/10, 1940, to 5/25, 1940; that I last saw him alive on 5/23, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Gastro-Enteritis	
Due to Malnourishment	
Due to Ichterus-Neonatorium	
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? 451 (Specify type of place)

While at work? (e) Means of injury

23. Signature D. C. Gruar (M. D. or other) DO

Address Bucklin, Mo Date signed 5/27/40

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 11,
District File Number 640-928
Date Filed JUN 13 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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.