

Registration District No. 1084

Primary Registration District No. 5662

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Linn
 (b) City or town Rural, Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XXXXXXXXXX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXXXXX (Specify whether
 In this community XXXXXXXXXX
 years, months or days)

8. (a) PRINT FULL NAME James Thomas Morris h20

8. (b) If veteran, name war XXXXXXXX 8. (c) Social Security No. XXXXXXXXXX

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Floy 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 21, 1881
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>7</u>	<u>8</u>	hr. _____ min.

9. Birthplace Linn County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name James M. Morris

18. Birthplace Linn County Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Mary P. Lay

15. Birthplace Linn County Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Tom Morris
 (b) Address Purdin, Missouri

17. (a) Burial (b) Date thereof 7/31/1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Thorne Undertaking Co
 (b) Address Linneus, Missouri

19. (a) _____ (b) Elna Crookshank
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Rural, Jackson
 (If outside city or town limits, write "RURAL")
 (d) Street No. XXXXXXXXXXXXXXXXXX
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? XXXXX years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th
 year 1940 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 1928, to July 29, 1940
 that I last saw him alive on July 20, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death coronary occlusion Duration 1 hr.

Due to arteriosclerosis 44/9

Due to _____
 Other conditions Parkinsonian syndrome
 (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?
455 (Specify type of place) (e) Means of injury _____

23. Signature J. A. D. (M. D. or other) _____
 Address Linneus, Missouri Date signed 7/30

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.

1 X1931

RECEIVED

District Health Officer No. 11,

District File Number

848-1041

Date Filed

AUG 5 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.....

Darr A. Taylor

Licensed Embalmer No. *3761*

P. O. Address *Linnus, 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.