

FILED WITH 18 1940

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

32182

Do not use this space.

## 1. PLACE OF DEATH

(a) County Shannon Registration District No. 391  
 (b) Township Acadiah Primary Registration District No. 03-46 a Registered No. 61  
 (c) City ..... (d) Street No. Home for Aged Baptist Denton 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 11 yrs. 10 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

David W. Morris  
 (a) Residence, No. The Home for Aged Baptist Denton, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jamie R. Goodnight</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28, 1858</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>2</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farming and Day laborer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Day laborer</u>		
10. Date deceased last worked at this occupation (month and year) ..... (Total time (years) spent in this occupation) <u>About 11 years ago</u> <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bone Co. Indiana</u>		
FATHER	13. NAME <u>David W. Morris</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
	15. MAIDEN NAME <u>Jane Kemper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>	
17. INFORMANT (ADDRESS) <u>Just B. Burney</u> <u>Denton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Acadiah</u> DATE <u>10-1</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Norman White &amp; Sons</u> <u>Denton, Mo.</u>		
20. FILED <u>10-3-40</u> 1940 <u>Julia A. Denton</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30th 194022. I HEREBY CERTIFY, That I attended deceased from Sept. 15th 1940 to Sept. 30th 1940I last saw him alive on Sept. 28th 1940 Death is saidto have occurred on the date stated above, at 12:00 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis93C

Other contributory causes of importance:

Hypertrophied HeartEdema  
SenilityName of operation none Date of noneWhat test confirmed diagnosis? Physical 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) R. E. Harland, M. D.(Address) Denton, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**