

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

38755

Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 316
 (b) Township Boone Primary Registration District No. 5435
 or
 (c) City 2 (d) Street No. _____ 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 Lena Josephine Gum Morrison
 (a) Residence, No. Ash Grove 0 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Married

6. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OR (OR) WIFE OF Lewis Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-26-1869

7. AGE YEARS 71 MONTHS 5 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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. Doctor
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) Laurie Co. Mo.

FATHER
13. NAME Lewis Gum
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Francis Yoncy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurie Co. Mo.

17. INFORMANT (ADDRESS) Lewis Morrison Ash Grove Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walton Mo **DATE** 11-12-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Morris Simon Miller Mo.

20. FILED 12-1 1940 Miss demand Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 1940, to Nov, 1940.
 I last saw her alive on Nov 9th, 1940. Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes mellitus
Chronic arteriosclerosis
nephritis with hyperplasia
 Date of onset _____

Other contributory causes of importance: 59

Name of operation none Date of none
 What test confirmed diagnosis? Clinical 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) Charles H. McHaffie, M. D.
 (Address) Ash Grove Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I X1865

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 *J. R. Luman*

Licensed Embalmer No. *3297*

P. O. Address *Millen 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.