

S. No. 2
-11-10-39
5-17-39
-I X2142

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41769

State File No. _____

Registrar's No. 22

FILED JAN 10 1941

Registration District No. 47

Primary Registration District No. 5088

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rural - Grand River Sup.
(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 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Rural - Grand River Sup.
(If outside city or town limit, write "RURAL")
(d) Street No. R.F.D. # 3 (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

8. (a) PRINT FULL NAME James Lee Morris Sr
3. (b) If veteran name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jamima Margaret 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 2 1849
(Month) (Day) (Year)

8. AGE: Years 91 Months 2 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Shinnston West Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name James P. Morris 9

13. Birthplace Not known 9
(City, town, or county) (State or foreign country)

14. Maiden name Lavina Patterson

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Morris Jr

(b) Address Adrian Mo.

17. (a) Burial (b) Date thereof 11-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Altona cemetery

18. (a) Signature of funeral director Lesath & Six

(b) Address Adrian Mo

19. (a) Dec 30-1940 (b) Ethel C Stephens
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
year 1940 hour 7 minute 45 P.M.
21. I hereby certify that I attended the deceased from Nov 24 1940
to Nov 24 1940
that I last saw him alive on Nov 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chloroform poisoning
Due to hypertension
Due to arteriosclerosis
Other conditions: senility
(Include pregnancy within 3 months of death)

Major findings: no
Of operations: 121
Of autopsy: no

Duration
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) no
(b) Date of occurrence no
(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? 50
While at work _____ (Specify type of place) _____ (e) Means of injury 201
23. Signature J. W. Stephens (M. D. or D. O.)
Address Adrian Mo Date Dec 16 1940

RECEIVED

District Health Officer No. 7,

District File Number 1-41-34

Date Filed 1-3-41

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 *Adrian Mo*

Licensed Embalmer No. 3650

P. O. Address Adrian 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.