

REGD JAN 25 1941 **224**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **5309**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County Cooper County  
(b) City or town Bunceton - north western  
(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 Life \_\_\_\_\_ (Specify whether)  
years, months or days

3. (a) PRINT FULL NAME William Hugh Morris

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Hellie Bannon Morris 6. (c) Age of husband or wife if alive alive 48 years

7. Birth date of deceased 8 (Month) 6 (Day) 1871 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>4</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business Farmer

12. Name Hugh B. Morris

18. Birthplace United State (City, town, or county) (State or foreign country)

14. Maiden name Judy Davis

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

16. (a) Informant Mrs. Louis Talafens

(b) Address Bunceton, Missouri

17. (a) Burial (b) Date thereof 1-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation Burial, Mo.

18. (a) Signature of funeral director L. B. Parker

(b) Address Bunceton, Mo.

19. (a) 1-2-41 (Date received local registrar) (b) R. H. Meredith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper  
(c) City or town Bunceton - Rural (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 12 day 31 year 1940 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased Dr. J. H. ... from Jan 1st to Jan 31st, 1940 that I last saw him alive on Jan 30th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Heart trouble

Due to: 428

Due to: \_\_\_\_\_

Other conditions Insipient (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

202 (Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature W. H. Elliott (M. D. or other) \_\_\_\_\_

Address Bunceton, Mo. Date signed Jan 1st 41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 1-13-41

**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.....

*myself* ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed *W. G. Parker* .....

Licensed Embalmer No. *2547* .....

P. O. Address *Burketon* .....

**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.**