

FEB 17 1941

Registration District No. **502**

Primary Registration District No. **4305**

Registrar's No. **1**

1. PLACE OF DEATH:-

(a) County **LINN**  
(b) City or town **MARCELINE Mo**  
(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 **32 years** / (Specify whether  
In this community **32 years** / years, months or days)

3. (a) PRINT FULL NAME **CHARLES HENRY MORRIS**

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Viola Morris** 6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **June 27 1875**  
(Month) (Day) (Year)

8. AGE: Years **65** Months **7** Days **13** If less than one day hr. min.

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

10. Usual occupation **Coal Miner**

11. Industry or business \_\_\_\_\_

FATHER { 12. Name **Luther Morris**  
13. Birthplace **Dont know**  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name **Mary Millsap**  
15. Birthplace **Macon County Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Viola Morris**

(b) Address **Marceline Mo**

17. (a) **Burial** (b) Date thereof **1-12-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt Olivet**

18. (a) Signature of funeral director **As M'Laughlin**

(b) Address **Marceline Mo**

19. (a) **1-12-41** (b) **Oliver Barrett**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Linn**  
(c) City or town **Marceline Mo**  
(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.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **10**  
year **1941** hour **9** minute **P.M.**

21. I hereby certify that I attended the deceased from **1/10**, 1941, to **1/10**, 1941.

that I last saw him alive on **1/10**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Cirrhosis of Liver**

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

Other conditions (Include pregnancy within 3 months of death) **1241**

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? **451**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **2**

23. Signature **W. L. Sawyer** (M. D. or other) **M.D.**  
Address **Bushlin, Mo.** Date signed **1/12/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Rev. 5-17-39 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.

---

---

**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.....

*Dale Benish*

Licensed Embalmer No. *4088*.....

P. O. Address..... *Marceline 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.**