

Registration District No. 566

Primary Registration District No. 3030

Registrar's No. 7

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

1. PLACE OF DEATH:

(a) County Mississippi

(b) City or town Charleston

(c) Name of hospital or institution: 519 Green St - County Charge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie JASON MORRIS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased Not definitely known
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About - 49 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Porter - Hotel

11. Industry or business Retired

MOTHER FATHER

12. Name Not known 9

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

14. Maiden name Not known 9

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

16. (a) Informant Essie Greaves

(b) Address Market St - Charleston, Mo

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

(c) Place: burial or cremation Dob. Grove - Charleston 715

18. (a) Signature of funeral director Louie Newman

(b) Address Charleston, Mo

19. (a) 1-18-41 (b) Frank A. Vernon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississippi

(c) City or town Charleston
(If outside city or town limits, write "RURAL")

(d) Street No. 519 Green Street 2
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1941 hour _____ minute 1:00 A.M.

21. I hereby certify that I attended the deceased from About Dec 1937 to Jan 17th 1941
that I last saw him alive on July 12th 41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to _____

Due to _____

Other conditions Chronic Syphilis
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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) _____

(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? _____

(e) Means of injury _____ (Specify type of place)

23. Signature Frank A. Vernon (M. D. or other) D

Address Charleston Mo Date signed 1-15-41

RECEIVED

Sanitary Health Officer No. 2,
District File Number 241-180
Date Filed 2/7/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.