

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

15026

State File No.

Registration District No. 470

Primary Registration District No. 3633

Registrar's No. 39

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

55  
0  
0

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Mt. Vernon, Mo  
(c) Name of hospital or institution: Missouri State Sanatorium  
(d) Length of stay: In hospital or institution 387 days  
In this community 387 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Stoddard  
(c) City or town Puxico  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Bertha Morris  
(b) If veteran, name war No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 21  
year 1941 hour 10:20 minute \_\_\_\_\_ A. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Morris  
6. (c) Age of husband or wife if alive Unknown years

21. I hereby certify that I attended the deceased from March 31, 1940, to April 21, 1941  
that I last saw her alive on April 21, 1941  
and that death occurred on the date and hour stated above.

7. Birth date of deceased: January 27th 1902  
(Month) (Day) (Year)

Immediate cause of death Pneumonia  
Duration Abt 15 months.

8. AGE: Years 39 Months 2 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 12/10

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name David Richard Overfield  
13. Birthplace Unknown / Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Roseann Medlin  
15. Birthplace Unknown / Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Missouri State Sanatorium

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof April 23-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Malden Cemetery

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

18. (a) Signature of funeral director P. A. Holmes  
(b) Address \_\_\_\_\_  
19. (a) 4-21-1941 (b) P. A. HOLMES  
(Date received local registrar) (Registrar's signature)

23. Signature W. W. ... (M. D. or other)  
Address W. W. ... Date signed 4-21/41

RECEIVED

District Health Officer No. 6

District File Number 541-728

Date Filed MAY 7 1949

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.....

*Virgil K. Kelch*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Virgil K. Kelch*

Licensed Embalmer No.....

*4102*

P. O. Address.....

*Defton - 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, fact should be so stated above.