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DEPARTMENT OF COMMERCE **FILED MAY 23 1941** MISSOURI STATE BOARD OF HEALTH  
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **15625**

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **80**

1. PLACE OF DEATH:  
(a) County **Randolph**  
(b) City or town **Moberly**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **118 So Williams** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Randolph**  
(c) City or town **Moberly**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **118 So Williams** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **James Monroe Morris**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **April** day **2nd** year **1941** hour **5** minute **40** M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mary Jane Morris** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **June 16th 1849** (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1st** to **April 2nd**, 19**41**, that I last saw him alive on **April 1st**, 19**41**, and that death occurred on the date and hour stated above.

8. AGE: Years **91** Months **9** Days **16** If less than one day hr. min.

Immediate cause of death **Heart**  
**Thrombosis**  
Duration \_\_\_\_\_

9. Birthplace **Ill 1** (City, town, or county) (State or foreign country)

Due to **Arteriosclerosis**  
Due to \_\_\_\_\_

10. Usual occupation **Retired**

Other conditions **94** (Include pregnancy within 3 months of death)

MOTHER FATHER } 11. Industry or business \_\_\_\_\_  
12. Name **Reheemah Morris**  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **9** (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant **Joe Morris** (b) Address **Moberly Mo**

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

17. (a) \_\_\_\_\_ (b) Date thereof **Apr 4 1941** (Month) (Day) (Year)  
(c) Place: burial or cremation **Moberly**

(b) Date of occurrence \_\_\_\_\_

18. (a) Signature of funeral director **Mahan and Son** (b) Address **Moberly**

(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? **94**

19. (a) **4/4/41** (b) **Adell Butler** (c) **Moberly** (d) **Dep**  
(Date received local registrar) (Registrator's signature)

(e) Means of injury \_\_\_\_\_  
23. Signature **Adell Butler** (M. D. or other) **1**  
Address **Moberly Mo** Date signed **4-4-41**

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-1041

Date Filed MAY 20 1941

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 Frank B. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.