

Registration District No. 104

Primary Registration District No. 5153

Registrar's No. 143

1. PLACE OF DEATH:  
(a) County Callaway  
(b) City or town Rural (Fulton)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: about four mi. South Fulton #54  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Callaway  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. About four mi. South Fulton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lee Westley Morris  
3. (b) If veteran, name war no 3. (c) Social Security No. 497-14-7821

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 12<sup>th</sup>  
year 1941 hour 10 minute 30-2 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced divorced  
6. (b) Name of husband or wife Ena Massey 6. (c) Age of husband or wife if alive D.K. years  
7. Birth date of deceased March 4 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him in bed on May-12<sup>th</sup>  
and that death occurred on the date and hour stated above. 1941

8. AGE: Years 48 Months 2 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

Immediate cause of death Automobile Accident, on Highway-54-3 1/2 miles S.W. of Fulton, Mo.  
Due to Skull crushed - both legs broken, and probable internal  
Due to injury, instant death.  
Duration \_\_\_\_\_

10. Usual occupation Coal miner  
11. Industry or business \_\_\_\_\_  
12. Name Jim Morris  
13. Birthplace Millersburg Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Eda Bruner  
15. Birthplace Callaway Co. Missouri  
(City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER {  
16. (a) Informant Mrs. Geneva Thorp  
(b) Address Fulton, Mo.  
17. (a) Burial (b) Date thereof May 14, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pioneer Cemetery (Fulton)  
18. (a) Signature of funeral director Leo G. Wallace  
(b) Address Fulton, Mo.  
19. (a) May 14, 1941 (b) R. N. Curre  
(Date received local registrar) (Registrar's signature)

PHYSICIAN \_\_\_\_\_  
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 017  
(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?  
on public Highway-54.  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. W. Holman - coroner  
(M. D. or other) \_\_\_\_\_  
Address 8-E-8th St. Fulton Mo Date signed \_\_\_\_\_

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

17 Dec  
98

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**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 Harold J. Christy  
Licensed Embalmer No. 4002  
P. O. Address Pulton, Md.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

Registration District No. 104

Primary Registration District No. 5153

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Calloway  
(b) City or town Fulton, 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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lee Wesley Morris

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced Div

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
48 2 8 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant (b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director (b) Address

19. (a) (b) (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Auto accident  
on Hwy 54 3 1/2 mi S of Fulton Mo.  
Skull crushed both legs broken and probably  
Due to external injuries

Duration Several  
Other conditions: Instant death.  
(Include pregnancy within 3 months of death)

Major findings: no MD  
Of operations no  
Of autopsy no

PHYSICIAN  
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) walking on highway

(b) Date of occurrence May 12<sup>th</sup> 1941

(c) Where did injury occur? 3 1/2 miles S.W. Fulton  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
on Hwy - 54 - at night.

While at work? no (e) Means of injury Blow to Back

23. Signature L. W. Holman, coroner.  
(Name or other)  
Address 8-E-8<sup>th</sup> ST. FULTON, MO. Date signed \_\_\_\_\_

SUPPLEMENTAL

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

MOTHER FATHER

19714