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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24819

FILED AUG 14 1941

Registration District No. 163

Primary Registration District No. 4095

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town El Dorado spgs
(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 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cedar

(c) City or town El Dorado Springs
(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.

3. (a) PRINT FULL NAME SUNARIA TYLER MORRIS

3. (b) If veteran, name war - 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George H Morris 6. (c) Age of husband or wife if alive 85 years

7. Birth date of deceased July 4 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months - Days 9 If less than one day hr. _____ min. _____

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

10. Usual occupation Homemaker

11. Industry or business Samuel Logan Barber

12. Name Samuel Logan Barber

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

14. Maiden name Alphen Ann Cowan

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

16. (a) Informant Oliver Bradley

(b) Address Kansas City MO

17. (a) Burial (b) Date thereof July 14/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Mo

18. (a) Signature of funeral director Robert Central Power

(b) Address El Dorado spgs mo

19. (a) 7-15-41 (b) W. J. Dawson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 1941 hour 5 minute 15 a.m.

21. I hereby certify that I attended the deceased from June 12, 1941, to July 13, 1941, that I last saw her alive on July 09, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

Due to _____

Other conditions (Include pregnancy within 3 months of death) 46

Major findings: Of operations _____ Of autopsy _____

Duration _____
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 _____

(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 _____

23. Signature W. J. Dawson (M. D. or other) Bo.

Address El Dorado Springs Date signed 7-15-41

RECEIVED
District Health Officer No. 7;
District File Number 8-41-1280
Date Filed 8-8-41

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 George W. Napier
Licensed Embalmer No. 2752
P. O. Address El Dorado, Ark

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.