

FILED AUG 7 1941

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Two Weeks
(Specify whether years, months or days)
 In this community Five Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **049**
 (c) City or town Carthage **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1507 Forrest St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14
 year 1941 hour 7 minute 30 A.M.
 21. I hereby certify that I attended the deceased from June 29
1941, to July 14, 1941;
 that I last saw her alive on July 13, 1941;
 and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Alice Cora Morris

3. (b) If veteran, name war None 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 John 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased Feb 14 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Henry Christian
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Morris
 (b) Address R # 4, Carthage Mo.

17. (a) Burial (b) Date thereof July 15, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
 (b) Address Carthage Mo.

19. (a) JULY 15, 41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Immediate cause of death Cerebral Hemorrhage
 Due to [Signature]
 Due to [Signature]
 Other conditions Myocardiosis
(Include pregnancy within 3 months of death)
 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 Dr. C. F. Gregory **280**
 Address WEBB CITY, MO Date signed 7-14-41

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

9
6
2

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 *Emm. R. Stuebe*

Licensed Embalmer No. *391*

P. O. Address *Barthage*

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.