. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25630

Registration District No. FILED AUG 14 1941 5766

Primary Registration District No. 5762

Registrar's No. 80

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town CHARLESTON Tuwapaty Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL ROUTE 1 #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MISSISSIPPI 67

(c) City or town CHARLESTON 0
(If outside city or town limits, write "RURAL")

(d) Street No. RURAL R#3
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country NO 0

3. (a) PRINT FULL NAME VERNA MAE MORRIS

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race COLOR

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife FRED MORRIS

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased APRIL (Month) 6 (Day), 1920 (Year)

8. AGE:

Years	Months	Days	If less than one day
21	3	2	..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

FATHER
12. Name HENRY McKINNIE
13. Birthplace (City, town, or county) / TENNESSEE (State or foreign country)

MOTHER
14. Maiden name ALMA CHURCH
15. Birthplace (City, town, or county) / TENNESSEE (State or foreign country)

16. (a) Informant FRED MORRIS
(b) Address R#3 BOX 225A - CHARLESTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director LAIR - NUNNELEE
(b) Address CHARLESTON, MO

19. (a) 7-9-41 (Date received local registrar) (b) F S Vernon (Registrar's signature)

745

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 8TH year 1941 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from July 1, 1941, to July 8, 1941; that I last saw her alive on July 1, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis	1 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 P

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

23. Signature William L. Davis (M. D. or other) MD
Address Charleston Mo Date signed 7-8-

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 841-1082
Date Filed 8-12-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose n[illegible]orded on the reverse side of this certificate was embalmed by me, or by.....

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

working under my perso[illegible]on.

Signed E. E. Nunnelee

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.