

No. 2
13-40
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27742

State File No. _____

Registration District No. 30

Primary Registration District No. 3003

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
811 E. Broadway
(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

3. (a) PRINT FULL NAME Melvin Orveal Morris

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb. 23, 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>6</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Buster Morris

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

14. Maiden name Ellen Long

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

16. (a) Informant Buster Morris

(b) Address 811 E. Broadway, Monett, Mo.

17. (a) Burial (b) Date thereof Sept. 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. F. Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address [Address]

19. (a) 9-1-1944 (b) W. M. West
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

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

(d) Street No. 811 Broadway
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 31 day 31
year 1944 hour 6:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Aug 31/44
to Aug 31/44, 1944, to Aug 31/44, 1944;
that I last saw him alive on Aug 31, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure with recent infarct

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____ year

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 [Signature] (M. D. or other) _____

Address Monett, Mo. Date signed 9/1/44

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

5
2
1

RECEIVED

District Health Officer No. 6,

District File Number 941-1487

Date Filed SEP 11 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.....

J. Buchanan
.....
working under my personal supervision.

Registered Apprentice No.

Signed *J. Buchanan*
.....

Licensed Embalmer No. 3179

P. O. Address *Monett Mo*
.....

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.