No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37871

State File No.

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 1099

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST. JOSEPH City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 yrs, 5 Mo. 30 dys (Specify whether years, months or days)
In this community 9 yrs, 5 Mo. 30 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair 11
(c) City or town Youngstown 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Forty seven years.

3. (a) PRINT FULL NAME Sarah 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 Married
6. (b) Name of husband or wife Thomas Morris
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased August (Month) 2 (Day) 1869 (Year)
8. AGE: Years 72 Months 3 Days 13 If less than one day ___ hr. ___ min.
9. Birthplace Yorkshire (City, town, or county) England (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Addy
13. Birthplace Yorkshire (City, town, or county) England (State or foreign country)
MOTHER 14. Maiden name Elizabeth Long
15. Birthplace Yorkshire (City, town, or county) England (State or foreign country)
16. (a) Informant Hosp Records
(b) Address State Hosp # 2 St Joseph Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/15/41 (Month) (Day) (Year)
(c) Place: burial or cremation Removal to Kirksville Mo
18. (a) Signature of funeral director H. O. Sidenader & Son
(b) Address 1802 Union St Joseph Mo
19. (a) Nov 15 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day fifteenth year 1941 hour 5 minute 25 A.M.
21. I hereby certify that I attended the deceased from Nov 1, 1941, to Nov 15, 1941; that I last saw her alive on Nov 14, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchial Pneumonia	7 days
Due to —	
Due to — 107	
Other conditions: Mucus Colitis (Include pregnancy within 3 months of death)	12 yrs

Major findings:
Of operations —
Of autopsy —

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 Dr. David Edwards (M. D. or other) M.D.
Address St Joseph Date signed 11-15-41

(Licensed Embalmer's Statement on Reverse Side)

NOV 29 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.....

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

working under my personal supervision.

Signed Elbert E. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo

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

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