No. 2
-1-4-41
-17-39
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

38267

State File No.

DEC 15 1941

Registration District No. 297 Primary Registration District No. 3016 Registrar's No. 105

1. PLACE OF DEATH

(a) County Franklin

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

(c) Name of hospital or institution: St Francis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

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

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

If yes, name country

3. (a) PRINT FULL NAME DARLA JEAN MORRIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 14 (Day) 1939 (Year)

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

9. Birthplace Newlleaven (City, town, or county) Mo (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Lewis Morris
13. Birthplace (City, town, or county) Neb. (State or foreign country)

MOTHER
14. Maiden name Jeta Dunagan
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Louis Morris

(b) Address Newlleaven

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 7 (Day) 41 (Year)

(c) Place: burial or cremation Newlleaven, Mo

18. (a) Signature of funeral director L C Fertig & Son

(b) Address Newlleaven Mo

19. (a) Nov. 7-1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5 year 1941 hour 1 40 minute A M.

21. I hereby certify that I attended the deceased from Nov 4, 1941, to Nov 5, 1941; that I last saw her alive on Nov 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Extensive body burns

Due to Accidental burning of clothes

Due to

Other conditions (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) Accident

(b) Date of occurrence Nov 4, 1941

(c) Where did injury occur? New Haven (City or town) Franklin (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Burns

23. Signature Frank G. Mays (M. D. or other) MD

Address 311 W 4th Washington, Mo Date signed Nov 5, 1941

(Licensed Embalmer's Statement on Reverse Side)

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 me

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

working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3383

P. O. Address Gentleman Mo

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

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