No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 18 1941

Registration District No. 314

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5429 B

38285

State File No.

Registrar's No. 27

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

1. PLACE OF DEATH:

(a) County Gentry Cooper Tex

(b) City or town Stanberry Mo

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

(c) Name of hospital or institution: ✓ /

(If not in hospital or institution, write street number or location)

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

In this community 54-3-0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry 38 0

(c) City or town Stanberry "Rural" 0 0

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

(d) Street No. Three miles South east.

(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Lucile Curry Morris

3. (b) If veteran, name war ✓ ✓

3. (c) Social Security No. ✓ ✓

4. Sex Female

5. Color or race Wht

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

6. (b) Name of husband or wife Theodore Franklin Morris

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 11 (Month) 29 (Day) 1874 (Year)

8. AGE: Years 66 Months 11 Days 18 If less than one day ___ hr. ___ min.

9. Birthplace Hillsborough (City, town, or county) Ohio 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Reed Curry 1
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Melissa Spargur
15. Birthplace Highland County (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs Ione Kisler

(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-19-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Highridge Cemetary

18. (a) Signature of funeral director J. Evan Johnson

(b) Address Stanberry Mo

19. (a) 11-18 (Date received local registrar) (b) 41 C. S. Bernard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1941 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 4, 1941, to Nov 16, 1941 that I last saw her alive on Nov 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Uterus Carcinoma Primary

Due to Cervix C.A.

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) —

(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 G. E. Simpson (M. D. or other)

Address Stanberry Mo Date signed 11-24-41

(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~~ J. Evan Johnson, Registered Apprentice No. ....., working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stanberry 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, above space should be left blank.