

DEC 16 1941

Registration District No. 55Primary Registration District No. 4033Registrar's No. 103

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Hickman, Mo.
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)(d) Length of stay: In hospital or institution
In this community 8 years (Specify whether years, months or days)3. (a) PRINT FULL NAME MARTHA MORRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 96. (b) Name of husband or wife George W. Morris 6. (c) Age of husband or wife if alive 69 years7. Birth date of deceased May 29 1865
(Month) (Day) (Year)8. AGE: Years 75 Months 5 Days 16 If less than one day hr. _____ min. _____9. Birthplace Hickman Ky
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Unknown13. Birthplace _____
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace _____
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Kona Scott(b) Address Hickman, Mo.17. (a) Burial (b) Date thereof 11-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Duggott, Ark18. (a) Signature of funeral director W. Howard Russell(b) Address Duggott, Ark19. (a) Nov 16 41 (b) J. L. Moore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid(c) City or town Hickman
(If outside city or town limits, write "RURAL")(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1941 hour 1 minute P 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 12 1941
and that death occurred on the date and hour stated above.Immediate cause of death Supine fall and fractured spine
Duration _____

Due to _____

Due to 1862
18Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations NoneOf autopsy None

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 1 - 1941(c) Where did injury occur? fall in house
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place?
yesWhile at work? no (Specify type of place)
(a) Means of injury fall23. Signature B. B. Bee's (M. D. or other) 0Address Hickman Mo Date signed Nov 15 41

RECEIVED

District Health Office No. 2,

District File Number 12-41-1697

Date Filed 12-12-41

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.