

FILED DEC 11 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

39042

Do not use this space.

## 1. PLACE OF DEATH

(a) County BettisRegistration District No. 665(b) Township 1Primary Registration District No. 4398

Registered No. ....

(c) City Houstonia

(d) Street No. .... St. ....

(e) Length of residence in city or town where death occurred 52 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. George Littleton Morris

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

MC

## 4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFSarah E Anderson

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 19, 1851

## 7. AGE

90

## YEARS

## MONTHS

5

## DAYS

If LESS than 1  
day, .... hrs.  
or .... min.

## OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.Carpenter9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation 60 yrs.12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Stockport Iowa

## FATHER

## 13. NAME

Wm C Morris14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Harland E Ky

## MOTHER

## 15. MAIDEN NAME

Jane Evans16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Iowa17. INFORMANT  
(ADDRESS)Roy Morris  
6730 Paris KC

## 18. BURIAL, CREMATION, OR REMOVAL

## PLACE

Houstonia

## DATE

Nov 26, 194119. FUNERAL DIRECTOR (NAME)  
(ADDRESS)Heaterbrook  
Houstonia

## 20. FILED

Nov. 26, 1941 Mrs. J. B. Doremy  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov 24, 1941

## 22. I HEREBY CERTIFY, That I attended deceased from

Aug. 10 - 1941, to Nov, 1941I last saw him alive on Nov - 24 - 1941. Death is saidto have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Incontinence - seen to  
inability to swallow;  
fluids were regurgitated for  
the last several days of life.

Other contributory causes of importance:

Age 162

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

## 24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify

(Signed) C. L. P. Rhursh, M. D.(Address) Houstonia, Mo.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

12-9-41

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

*H. H. Smiley*

Licensed Embalmer No.

3987

P. O. Address

*Houston, Texas*

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.