

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

39685

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 1096
(b) Township Flat Creek Twp Primary Registration District No. 6247
(c) City or _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Clay Morris

(a) Residence, No. Stone 1st St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura A. Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1867

7. AGE YEARS 74 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

9. 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Lyzae Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Minnie Foster
Cape Fair - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Fair DATE 10-29 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sheryl H. Moulton
Home

20. FILED 12-2 1941 Louis H. Keeny
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27 1941

22. I HEREBY CERTIFY, That I attended deceased from 9-26 1941, to 9-26 1941

I last saw him alive on 9-26 1941. Death is said to have occurred on the date stated above, at 5 PM. The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 9-25-41

Other contributory causes of importance: 94a
Coronary Sclerosis

Name of operation no Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? None (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? no
If so, specify _____
(Signed) Sheryl H. Moulton, M. D.
(Address) Cassville, Mo.

DEC 5 1941

Pioneer Life Insurance Company
Rockford,
Illinois

RECEIVED
NOV 27 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.....

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.