

FILED FEB 18 1942

State File No.

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 55

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1637 South Carr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution nineteen years (Specify whether years, months or days)
In this community nineteen years

3. (a) PRINT FULL NAME Ira E. Morris
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Bertha Morris 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased May 21, 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Moniteau County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Coach carpenter

11. Industry or business M.K.T. Shops (retired)

12. Name Richard E. Morris

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Carry

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Morris
(b) Address 1637 South Carr, Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 5, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation High Point Cemetery
18. (a) Signature of funeral director [Signature]
(b) Address Sedalia, Missouri

19. (a) 2/5/42 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1637 South Carr
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 1942
year 1942 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from January 4 1942 to Feb 3 1942
that I last saw him alive on February 3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Chronic interstitial nephritis
Due to Chronic interstitial nephritis
Due to Following bronchial pneumonia
Other conditions (Include pregnancy within 3 months of death)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings: 107
Of operations

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?

(e) While at work? (Specify type of place) (e) Manner of injury 0

23. Signature [Signature] (M. D. or other) MD
Address Sedalia, Missouri Date signed 2-4-42

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

1923 27 1912

FEB 19 1912

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 John E. Myers
Licensed Embalmer No. 2720
P. O. Address Sedalia, Mo

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, fact should be so stated above.