

Registration District No. 732

Primary Registration District No. 4437

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Higbee 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 About Fifty Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Higbee Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1942 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from
October 1942 to June 18 1942
that I last saw him alive on _____
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis

Due to _____
Due to 93d
Other conditions (Include pregnancy within 3 months of death)
Major findings: No Operation
Of operations _____
Of autopsy no autopsy

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. Valverde M.D. or other D.O.
Address Higbee, Mo Date signed 1-20-42

3. (a) PRINT FULL NAME Isaac Morris

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nora Morris 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Mar 9 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 10 9 hr. min.

9. Birthplace Shelby Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Dont Know

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

14. Maiden name Dont Know

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

16. (a) Informant John Murdy

(b) Address Higbee Mo.

17. (a) Burial (b) Date thereof Jan 19 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. Higbee Mo.

18. (a) Signature of funeral director Joe W. Burton

(b) Address Higbee Mo.

19. (a) 1/21/42 (b) Mrs. P. V. Dreyer
(Date received local registrar) (Registrar's signature)

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

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16-27

APR 2 1942

RECEIVED

District Health Officer No. 10

District File Number 242-305

Date Filed FEB 19 1942

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, fact should be so stated above.