

S. No. 2  
-1-4-41  
5-17-39  
P-1 X26390

DEPARTMENT OF COMMERCE,  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6947

State File No. \_\_\_\_\_

FILED MAR 13 1942

Registration District No. 411

Primary Registration District No. 2002

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin, Mo.

(c) Name of hospital or institution: St. Johns Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 minutes  
(Specify whether in this community 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 1032 Main Street 5  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carrie Morley

3. (b) If veteran, name war \*\*\*

3. (c) Social Security No. \*\*\*

4. Sex Fem

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stanley Morley

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 25, 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>8</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name Louis LaBryere

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

14. Maiden name Mary Ann Morgan

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

16. (a) Informant Stanley Morley

(b) Address 1032 Main St., Joplin, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 2/20/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cem.

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin, Mo.

19. (a) 2-19-42 (Date received local registrar)

(b) Gerhard Sudhoffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15  
year 1942 hour 1:00 minute 1 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Broken neck, throat cut, chest crushed, left thigh broken

Due to \_\_\_\_\_

Due to Automobile accident

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 1700-6  
22

Of operations \_\_\_\_\_

Of 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) accident

(b) Date of occurrence Feb. 15, 1942

(c) Where did injury occur? Joplin, Jasper, Ill.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public highway # 66  
(Specify type of place)

While at work? \_\_\_\_\_ (a) Means of injury Auto

23. Signature R. A. Webster (M. D. or other) Coroner

Address R. A. Cartledge, Mo. Date signed Feb. 15, 1942

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

19  
2  
3

42.2.169

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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

*Steve D Parker*

Licensed Embalmer No. *25148*

P. O. Address *Joplin 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.**