

No. 2
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17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8110

State File No. _____
Registrar's No. 59

Registration District No. 275 Primary Registration District No. 3039

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 324 W. Lee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 28 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 324 W. Lee
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 13, year 1942 hour 4:20 minute A M.
21. I hereby certify that I attended the deceased from Feb. 12 1942 to Feb. 13 1942; that I last saw him alive on Feb. 12 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife J. K. Morris
6. (c) Age of husband or wife if deceased deceased years
7. Birth date of deceased Mar. 19, 1861
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Duration _____

8. AGE: Years 80 Months 10 Days 24 If less than one day hr. min.

Due to General Arterio-Sclerosis
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 83a
Of autopsy _____

10. Usual occupation Housekeeper
11. Industry or business at home

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

MOTHER FATHER { 12. Name Suzel Patterson
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Smith
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Rola Morris
(b) Address 324 West Lee

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? _____

17. (a) Burial (b) Date thereof 2/15/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Cemetery

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature J. M. Water (M. D. number) 0
Address Nevada Mo Date signed 2/13/42

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada Mo
19. (a) 2-26-1942 (b) Allen D. Hayes
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 3-42-197

Date Filed 3-5-42

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.....

Lloyd B. Winnscoff

Licensed Embalmer No. 3857

P. O. Address Nevada, 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.