

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

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Kelley mo  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Nearly Entire Life  
years, months or days

3. (a) PRINT FULL NAME John William Morris  
(b) If veteran, name war None  
(c) Social Security No. No

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Martha Jane Morris  
(c) Age of husband or wife if alive Dead  
7. Birth date of deceased March 30 1858  
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 4  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

11. Industry or business Farm

12. Name Snoden Morris

13. Birthplace St. Clair Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Dallas

15. Birthplace St. Clair Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert Morris

(b) Address Bunceton Mo

17. (a) Removal (b) Date thereof 4-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bunceton, Mo.

18. (a) Signature of funeral director Joyce E. Richards

(b) Address Tipton mo

19. (a) Apr 5-1942 (b) W. W. Robison  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper  
(c) City or town Bunceton Mo. "Rural"  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 Mi. S.E. of Bunceton  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Native years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4  
year 1942 hour 10 minute 30 p.A.M.

21. I hereby certify that I attended the deceased from April 1, 1942, to April 4, 1942,  
that I last saw him alive on April 4, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Polar pneumonia  
Due to \_\_\_\_\_

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

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

Major findings: Of operations 108  
Of autopsy \_\_\_\_\_

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. W. Robison (M. D. or other)  
Address Bunceton Mo Date signed 4/5/42

Duration about 5 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-5-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ~~was~~ <sup>were</sup> embalmed by me, or by me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.