

S. No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14380

State File No. _____
Registrar's No. 261

Registration District No. 316 Primary Registration District No. 2001

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(c) Name of hospital or institution: 670 W. CALHOUN ST.
(d) Length of stay: In hospital or institution 70 yr. 10 mo. 2 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene 39
(c) City or town Springfield
(d) Street No. 670 W. Calhoun
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME JAMES ROBERT MORRIS
(b) If veteran, name war NONE
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1st
year 1942 hour 12 minute 20 A. M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED
(b) Name of husband or wife Sarah Frances Morris 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased May 29 - 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from APRIL 1, 1942, to APRIL 1, 1942
that I last saw him alive on April 1, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis (1 1/2 hours)

8. AGE: Years 70 Months 10 Days 2 If less than one day hr. — min.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) 940

9. Birthplace Greene Co. Mo.
10. Usual occupation (Retired 4 yr) Farmer
11. Industry or business Farming
12. Name Frank M. Morris
13. Birthplace Greene Co. Mo.
14. Maiden name Martha Ann Bridges
15. Birthplace Unknown Ky.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Sarah Frances Morris
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof April 4 - 1942
(c) Place: burial or cremation Cedar Bluff Cem.
18. (a) Signature of funeral director J. W. Kuntzner & Co.
(b) Address Springfield, Mo.
19. (a) 4-4-42 (b) J. W. Kuntzner & Co. (c) Registrar's signature

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? _____
(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 Gene W. Farthing (M. D. or other)
Address 600 Med. Bldg. Date signed 4-2-42

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

9
2
6

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

Roy A. Deaun

Licensed Embalmer No. *1463*

P. O. Address

Springfield 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.

X