

FILED JUN 10 1942

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 349

39  
2  
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 465 Loren  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 2 years years, months or days)

3. (a) PRINT FULL NAME Mary Lou Morris

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased Feb. 12 1939  
(Month) (Day) (Year)

8. AGE: Years 3 Months 2 Days 20  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Child

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

MOTHER FATHER {  
12. Name Warren T. Morris  
13. Birthplace Versailles Mo. 0  
(City, town, or county) (State or foreign country)  
14. Maiden name De Lois Holman  
15. Birthplace Corder Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Warren T. Morris  
(b) Address Springfield Mo

17. (a) Burial (b) Date thereof May 4 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Nebo Mo.

18. (a) Signature of funeral director H. H. Lommeyer  
(b) Address Springfield, Mo.

19. (a) 5-442 (b) B. M. Hensley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri Greene 39  
(a) State (b) County  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 465 Loren (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1942 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 2 1942 to May 2 1942  
that I last saw him alive on May 2 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral embolism from Duration  
contusion of left arm from electric wringer.  
Due to 300's  
Due to 100's

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

Major findings: Of operations 16 19  
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 April 7 1942  
(c) Where did injury occur? Springfield Greene Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home 465 Loren  
(Specify type of place) (e) Means of injury Arm in wringer

23. Signature W. T. Walsh (M. D. or other)  
Address Springfield Mo Date signed 5/4/42

**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 L Douglas Forman

Licensed Embalmer No. 3177

P. O. Address Mayfield Md

**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