

FILED JUL 16 1942

Registration District No. **318**

Primary Registration District No. **2001**

Registrar's No. **417**

39  
2  
6

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

**1. PLACE OF DEATH:**  
 (a) County **GREENE**  
 (b) City or town **Springfield**  
 (c) Name of hospital or institution: **1709 W. ATLANTIC**  
 (d) Length of stay: \_\_\_\_\_  
 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. **1709 W. ATLANTIC**  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **RICHARD WILLIAM MORRIS**  
 3. (b) If veteran, name war **NONE**  
 3. (c) Social Security No. **NONE**  
 4. Sex **MALE**  
 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 **October 7 1923**

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **June** day **1** at \_\_\_\_\_  
 year **1942** hour **2** minute **20 A.** M.  
 21. I hereby certify that I attended the deceased from **on 6/1, '42**  
**only** \_\_\_\_\_ to \_\_\_\_\_  
 that I last saw him **in** alive on **6/1/42**  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years **18** Months **7** Days **24**  
 9. Birthplace **Kansas City Mo.**  
 10. Usual occupation **at Home**  
 11. Industry or business **none**  
 12. Name **Clarence E. Morris**  
 13. Birthplace **Unknown Mo.**  
 14. Maiden name **Florence M. Hayes**  
 15. Birthplace **Andrew Co. Mo.**

Immediate cause of death **Progressive muscular atrophy**  
 Duration **10 yrs.**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **22!**  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**MOTHER**  
 16. (a) Informant **M. K. Morris**  
 (b) Address **1232 N. GRANT, Springfield, MO.**  
 17. (a) **Burial**  
 (b) Date thereof **June 3-1942**  
 (c) Place: burial or cremation **Green Lawn Cem**  
 18. (a) Signature of funeral director **J. W. Higgins**  
 (b) Address **Springfield, Mo.**  
 19. (a) **6/3/42**  
 (b) **J. S. W. Blawie**  
 (c) \_\_\_\_\_

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 **J. D. Lemmon** (M. D. or other) **MA**  
 Address **Springfield, Mo.** Date signed **6/2/42**

984 (Licensed Embalmer's Statement on Reverse Side)

**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.....

*Max Rhodes*

Licensed Embalmer No.....

4074

P. O. Address.....

*Springfield*

**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.**