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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21720

State File No. .....

Registration District No. 530 Primary Registration District No. 5708 Registrar's No. 2

1. PLACE OF DEATH:
(a) County Macon
(b) City or town South Gifford (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Casey Imp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether)
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 61
(a) State Mo (b) County Macon
(c) City or town South Gifford Mo (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME MELVINA. MORRIS

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife R H Morris

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 16 (Day) 1857 (Year)

8. AGE: Years 85 Months 3 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation House Keeping

11. Industry or business .....

MOTHER FATHER
12. Name James Meeks
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Jane Emmart
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant James Morris
(b) Address La Plata Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Elmer Mo

18. (a) Signature of funeral director W H McCollum
(b) Address South Gifford Mo

19. (a) June 19-42 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 8 minute ..... A.M.

21. I hereby certify that I attended the deceased from June 16, 1942 to June 18, 1942 that I last saw h. on alive on June 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Bronchial Pneumonia	6-16-42
Due to Senile heart action	6-18-42
	1 3
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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) .....
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Ezra D. Lehr (M.D. or other) DO.
Address Elmer Mo Date signed 6-18-42

1020 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1437
Date Filed JUL 16 1942

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 W. H. McCollum

Licensed Embalmer No. 2052

P. O. Address South Gifford

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21720

Registration District No. 536 Primary Registration District No. 5708 Registrar's No.

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

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

3. (a) PRINT FULL NAME: Melvina Morris
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar (Month) 16 (Day) 1857 (Year)
8. AGE: Years 85 Months 3 Days 2 If less than one day hr. min.
9. Birthplace: (City, town, or county) Mo. (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address: Elmer Mo
19. (a) June 20 (Date received local registrar) (b) Minnie Freed (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 28 day
year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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)
(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY