

Registration District No. 834

Primary Registration District No. 6097

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Route #1 Bloomfield, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Off and on for 60 years
years, months or days)

3. (a) PRINT FULL NAME Albert Green Morris

3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 24 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 6 26 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Jim Duffey
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Morris
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Beaulah Frazier
(b) Address Kennett, Mo.

17. (a) Burial (b) Date thereof June 20, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Watkins Fun. Home
(b) Address Dexter, Missouri

19. (a) June 30th 1942 (b) Mr. Thorne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bloomfield, R. 1, Mo.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1942 hour 9 minute _____ A.M.

21. I hereby certify that I attended the deceased from June 16 1942 to June 19 1942
that I last saw him alive on June 16 and that death occurred on the day and hour stated above.

Immediate cause of death Pericarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 1/31a

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 John Wilson (M.D. or other) _____
Address Bloomfield, Mo. Date signed 6/20/42

RECEIVED

District Health Office No. 2,

District File Number 742-871

Date Filed JUL 13 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.....

Licensed Embalmer No. 4201

P. O. Address Dexter, 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.