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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25143

State File No.

Registration District No. 750

Primary Registration District No. 6245-4451

Registrar's No. 1838

91
1
0

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

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ripley 91 1 0

(c) City or town Doniphan
(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.? 0 years.

3. (a) PRINT FULL NAME Dorothy Louise Morris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race 1

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

6. (b) Name of husband or wife ~~Gladys Morris~~

6. (c) Age of husband or wife if alive ~~[illegible]~~ years

7. Birth date of deceased 6 (Month) 30 (Day) 42 (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 30 min.

9. Birthplace Ripley Co (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Morris
13. Birthplace Ripley Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Gladys Morris
15. Birthplace Doniphan (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant John Morris
(b) Address Doniphan Mo

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Family
(b) Address

19. (a) 6/30/42 (Date received local registrar) (b) E B Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 30 year 42.4 hour 8 pm 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.

Immediate cause of death Premature Birth

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death) 159

Major findings:
Of operations

Of autopsy

Duration

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 Clifford Gofort (M. D. or other)
Address Date signed

6.74 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No 5
District File Number 7425-48
Date Filed 8-11-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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

. S. No. 2B
DM—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. 25143

Registration District No. 750 Primary Registration District No. 4451 Registrar's No.

1. PLACE OF DEATH:

(a) County Ripley

(b) City or town Doniphan
(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 Dorothy Louise Morris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 30 (Day) 1883 (Year)

8. AGE: Years | Months | Days | If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) Not on record (Burial, cremation, or removal) (b) Date thereof not on record (Month) (Day) (Year)

(c) Place: burial or cremation not recorded

18. (a) Signature of funeral director Family

(b) Address

19. (a) 6/30/42 (Date received local registrar) (b) E. O. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 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.

Immediate cause of death — Duration

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