V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

FILED AUG 12 1942
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25494

Registration District No. 887 Primary Registration District No. 6099 Registrar's No.

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield, Rural, Castor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(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 Missouri (b) County Stoddard
(c) City or town Bloomfield, Mo., Route #1
(If outside city or town limits, write "RURAL")
(d) Street No. ---------
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ------

103
0
0

3. (a) PRINT FULL NAME ELLIS MORLAN
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 0 Infant
6. (b) Name of husband or wife -----
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 28, (Day) 1942 (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day 8 hr. --- min.

9. Birthplace Stoddard County, (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Infant
11. Industry or business ----------
MOTHER FATHER
12. Name Ivan Morlan
13. Birthplace Lowns, (City, town, or county) 0 Missouri (State or foreign country)
14. Maiden name Bessie Harper
15. Birthplace Stoddard Co., (City, town, or county) 0 Missouri (State or foreign country)
16. (a) Informant Ivan Morlan
(b) Address Bloomfield, Mo., Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 29, (Day) 1942 (Year)
(c) Place: burial or cremation Gravel Hill Cemetery
18. (a) Signature of funeral director Chiles Funeral Home
(b) Address Bloomfield, Missouri
19. (a) July 29-1942 (Date received local registrar) (b) Earl Elmore (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th year 1942 hour 10:00 minute P. M.
21. I hereby certify that I attended the deceased from 7-24, 1942 to 7-28, 1942 that I last saw he alive on 7-28, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Premature Birth
Due to Cause unknown
Due to
Other conditions (Include pregnancy within 3 months of death) 159
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) No
(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 E. L. Davis (M. D. or other)
Address Dexter, Mo. Date signed 7-29-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1004
Date Filed 8-10-42

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~~ Body was not embalmed., Registered Apprentice No. ....., working under my personal supervision.

Signed Howard A. Cooper

Licensed Embalmer No. 3996

P. O. Address Bloomfield, 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.