

FILED NOV 12 1942

Registration District No. 75

Primary Registration District No. 4276

Registrar's No. 128

55
7
0

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Pierce City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Pierce City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. North Elm (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

3. (a) PRINT FULL NAME John Simpson Morris

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Belle Morris 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased January 8 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name James Wm Morris

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Susan Cagle

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Belle Morris

(b) Address Pierce City, Mo

17. (a) Burial (b) Date thereof 10/5/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Mo.

18. (a) Signature of funeral director W. H. Hines

(b) Address Pierce City, Mo

19. (a) 10-5-42 (b) Lucille B. Hines
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd
year 1942 hour 5 p.m. minute 40 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 Vascular Pathology

Due to Hypostatic Pneumonia

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 2

23. Signature W. H. Hines (M.D. or other) _____

Address Pierce City, Mo Date signed 10/5/42

Duration

3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1142-1579

Date Filed NOV 9 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.....

..... Me., Registered Apprentice No.....
working under my personal supervision.

Signed

Victor O. Hernandez

Licensed Embalmer No.

3822

P. O. Address

Pierce City, 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.