

FILED DEC 8 1942

Registration District No. 2842

Primary Registration District No. 5763

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Philadelphia (Rural)
(b) City or town Philadelphia (Rural)
(c) Name of hospital or institution Union Camp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME James Newton Morriss

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Rebecca Morriss 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased Nov. 17, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 11 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business _____

12. Name Henry Morriss

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

14. Maiden name Mary G. McCormick

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

16. (a) Informant James R. Morriss

(b) Address Philadelphia, Mo.

17. (a) Burial (b) Date thereof Nov 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Belle, Mo.

18. (a) Signature of funeral director Anna K. Ball

(b) Address EWING, MO.

19. (a) Nov. 9, 1942 (b) Mrs. Margaret Maddox
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Philadelphia (Rural)
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9
year 1942 hour 1 minute 03 P.M.

21. I hereby certify that I attended the deceased from Nov. 4
1942 to Nov 9 1942
that I last saw him alive on Nov. 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Toxic from severe burns all over head and hands Nov. 4

Due to Explosion of coal oil stove

Due to _____

Other conditions (Include pregnancy within 3 months of death) 100-1

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident burn

(b) Date of occurrence Nov 4, 1942 1942

(c) Where did injury occur? Philadelphia, Marion, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? _____ (Specify type of place) (e) Means of injury burns

23. Signature Edward H. Blanton (M. D. or other) MD
Address Bethel, Mo. Date signed 10/10/42

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Anna K. Ball

Licensed Embalmer No..... *2389*

P. O. Address..... *Ewing, 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.