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

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town St. Charles
(If outside city or town limits, write "RURAL.")

(d) Street No. 206 S. Main St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Meta Morris

3. (b) If veteran, name war -

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Bedford Morris 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased September 23 1893
(Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Charles Mc Demand

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

14. Maiden name Eliza Erdson

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

16. (a) Informant Charles & Cecil Pence

(b) Address 209 S. Main, St. Charles, Mo.

17. (a) Burial (b) Date thereof Oct 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem., St. Charles

18. (a) Signature of funeral director H.C. Dalleney & Sons

(b) Address 801 N. Second, St. Charles, Mo.

19. (a) 10-28-42 (b) Clarence G. Wheeler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26 year 1942 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 5 1942 to Oct 25 1942 that I last saw her alive on Oct 25 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 3 days

Due to Ruptured aortic Dissect aneurysm 3 wks.

Due to congenital anomaly life

Other conditions none (Include pregnancy within 3 months of death)

Major findings: Ruptured aortic Dissect aneurysm & embolism PHYSICIAN -

Of operations none Underline the cause to which death should be charged statistically.

Of autopsy none

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 Auto

23. Signature R. L. Newberry (M. D. or other) MD

Address St. Charles, Mo. Date signed 11/2/42

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 John E. Dellmeyer
Licensed Embalmer No. 2951
P. O. Address St Charles 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.