

BUREAU OF THE CENSUS  
FILED FEB 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 610

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution:  
1809 Grand /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 25 years (Specify whether \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 816 West 8th Street  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elize Jane Morris

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / race White

5. Color or race \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 12 1861  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>8</u>	<u>1</u>	_____ hr. _____ min.

9. Birthplace Sulphur Springs, Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Atkins

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

14. Maiden name Ann Clark

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

16. (a) Informant Mrs. Colby Gooch

(b) Address Neosho, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN 13-43  
(Month) (Day) (Year)

(c) Place: burial or cremation MT HOPE

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address 1502 Joplin Street

19. (a) 1-15-43 (Date received local registrar)

(b) Gertude Sudholter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13  
year 1943 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Jan 12-43  
to Jan 13 1943  
that I last saw her alive on Jan 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to \_\_\_\_\_

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 \_\_\_\_\_

23. Signature V.E. Gerner (M. D. or other) \_\_\_\_\_

Address 311 Kansas Bldg Date signed Jan 15-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

49  
502

49  
2  
5

0

*gk*

1204

4-3-1-55

**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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.**