

No. 2
5-42
5-17-39
1217

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10138

State File No.

FILED MAR 16 1943 78101

Registration District No.

Primary Registration District No. 5377

Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Brunson Township
(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. (Specify whether
In this community 24 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas
(c) City or town Vanzant mo
(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 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1943 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from viewed the
body, 19... to... 19...
that I last saw him... alive on... 19...
and that death occurred on the date and hour stated above.

Immediate cause of death...
Probably Mitral Insufficiency

Due to this Person died without
medical aid

Due to...
Other conditions... (Include pregnancy within 3 months of death)
92 lb

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 E. W. Christy (Coroner)
Address W. Va. 1, Mo. Date signed

3. (a) PRINT FULL NAME Sarah Isabelle Morris

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. 16 years (Day) (Year)

7. Birth date of deceased March 16 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 9 29 hr. min.

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

10. Usual occupation Invalid

11. Industry or business W. Va. 1, Mo.

12. Name Wesley Smith

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

14. Maiden name Mary Morris

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

16. (a) Informant M. C. Morris

(b) Address Vanzant, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 30 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Brunson Cemetery

18. (a) Signature of funeral director Stacy Staff

(b) Address Mountain View
19. (a) 3-11-43 (Date received local registrar) (b) A. M. Lower (Registrar's signature)

1056 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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 *Wm. M. Embalmer*.....

Licensed Embalmer No.....

P. O. Address.....

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.