

FILED JUN 10 1948 294

Primary Registration District No. 305-6

Registrar's No. 113

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution:  
McCormick Hospital 0  
(If not in hospital or institution, write street number or location)

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

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

3. (a) PRINT FULL NAME Etta Mae Morriss

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 married

6. (b) Name of husband or wife T. J. Morriss

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

7. Birth date of deceased December 23<sup>rd</sup> 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

66 4 23 hr. min.

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

10. Usual occupation At home

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

12. Name George Owings Jr

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

14. Maiden name no data

15. Birthplace " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant T. J. Morriss

(b) Address Moberly

17. (a) Burial (b) Date thereof May 18<sup>th</sup> 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Son

(b) Address Moberly Mo

19. (a) 5-18-43 (b) Erma Kalle  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 328 No 4<sup>th</sup> St  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16  
year 1943 hour 7 2 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec-21-  
\_\_\_\_\_ 1942 to May-16- 1943  
that I last saw her alive on May-18- 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of liver

Duration about 8 mon.

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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. H. Strader (M. D. or other) \_\_\_\_\_  
Address Moberly, Mo. Date signed 5-17-43

RECEIVED

District Health Officer No. 10

District File Number 6-43-1012

Date Filed JUN 8 1943

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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 Frank O. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.