. No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Dr. Webb 31369
State File No.

FILED JUL 8 1943 28
Registration District No.

Primary Registration District No. 2000

Registrar's No. 501

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 716 S. Campbell
(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 60 Years

2. USUAL RESIDENCE OF DECEASED: 39
(a) State Missouri (b) County Greene 9
(c) City or town Springfield 6
(If outside city or town limits, write "RURAL")
(d) Street No. 716 S. Campbell
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Morris

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased Sept. (Month) 11 (Day) 1865 (Year)

8. AGE: Years 77 Months 9 Days 8 If less than one day hr. min.

9. Birthplace Madison County (City, town, or county) Illionis (State or foreign country)

10. Usual occupation Nurse

11. Industry or business

MOTHER FATHER
12. Name Eucebus Morris
13. Birthplace Unk. (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Martha Hall
15. Birthplace Unk. (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Miss Edith Morris
(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20. 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 6-20-43. (Date received local registrar) (b) W. Z. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1943 hour 7 minute 30 a. M.

21. I hereby certify that I attended the deceased from June 10, 1943, 19..., to June 19, 1943; that I last saw her alive on June 18, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cardiac infarcta	Jun 10 to Jun 18
Due to	
Due to	
Other conditions coronary arteriosclerosis (Include pregnancy within 3 months of death)	15 yrs

Major findings:
Of operations
Of autopsy coronary occlusion which occurred one month previous causing necrosis of the posterior right ventricle

22. Accident, suicide, or homicide (specify): Recent infarct was posterior surface of right ventricle and right auricle
(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

PHYSICIAN
Underline the cause to which death should be charged statistically.

23. Signature Lesley R. Webb (M. D. or other)
Address Sprfd., Mo. Date signed 6-20-43.

794 (Licensed Embalmer's Statement on Reverse Side)

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.....Walter E Hamilton

Licensed Embalmer No.....3808

P. O. Address.....Springfield Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.