

FILED JUL 2 1943  
Registration District No. 3543

Primary Registration District No. 5655

Registrar's No. 108

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community 11 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")  
(d) Street No. General Delaney  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Viola Morris

3. (b) If veteran, name war no 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 Alfred Morris 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Nov. 16 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 7 1 hr. min.

9. Birthplace Coalton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

MOTHER FATHER 11. Industry or business

12. Name Joseph Ralle  
13. Birthplace unknown Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Jane Macomber  
15. Birthplace unknown Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Mo. State San., Mount Vernon  
17. (a) Person (b) Date thereof 6/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Jackson Mo

18. (a) Signature of funeral director Leo Barr  
(b) Address Mo. Vernon Mo

19. (a) 6-19-43 (b) Ledy Crawford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17  
year 1943 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 7, 1943 to June 17, 1943  
that I last saw her alive on June 17, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Duration over 1 yr.

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 Esther E. Colman (M. D. or other)  
Address Mo. State Sanatorium Date signed 6-17-43

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

RECEIVED

District Health Officer No. 6,

District File Number 643-736

Date Filed JUN 20 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.....

*Geo. A. Orr*

Licensed Embalmer No. ....

*946*

P. O. Address.....

*7th Vernon St*

**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.**