

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22551

Registration District No. 321

Primary Registration District No. 4470

Registrar's No. 10

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Arrow Rock**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community **All her life** (Specify whether years, months or days)

3. (a) PRINTED FULL NAME **Idea Huston Morris**

3. (b) If veteran, name war. 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Thomas B. Morris** 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased **March 14th, 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 2 18 hr. min.

9. Birthplace **Saline County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeper**

11. Industry or business

12. Name **Henry Huston**

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

14. Maiden name **Sallie Wood**

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

16. (a) Informant **J. H. Morris**
(b) Address **Arrow Rock Mo.**

17. (a) **Burial** (b) Date thereof **June 4, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Arrow Rock, Mo.**

18. (a) Signature of funeral director **Campbell-Pearce**

(b) Address **Marshall, Missouri**

19. (a) **June 4 - 1943** (b) **Mrs. W. E. Shackelford**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **Arrow Rock**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **2nd**
year **1943** hour **5** minute **30** M.

21. I hereby certify that I attended the deceased from **March 1st** to **May 20, 1943**
that I last saw her alive on **May 20, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death

mitral regurgitation

Due to

Due to

Other conditions **Semility**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy **N.O.**

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) (c) Means of injury

23. Signature **C. L. Lawless** (M. D. or other)

Address **Arrow Rock Mo.** Date signed **6-4-43**

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 7-7-43

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~~

working under my personal supervision.

Signed

W. Campbell

Licensed Embalmer No.

3469

P. O. Address

Marshall

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.