

ED. AUG. 5 1943 42

Primary Registration District No. 1000

797

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

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2017 So. 10th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 40 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2017 So 10th  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ella Mae 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. Married

6. (b) Name of husband or wife Clarence Elmer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 16, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 11 28 hr. min.

9. Birthplace Hamburg Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name James Anderson

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

14. Maiden name Sarah Long

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

16. (a) Informant C.E. Morris

(b) Address 2017 So 10th, St Joseph, Mo

17. (a) Burial (b) Date thereof 7-16-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Auburn Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colboun St, St Joseph, Mo.

19. (a) 7-16-43 (b) Rose Hergoy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th  
year 1943 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from June 1  
1943 to July 14, 1943  
that I last saw her alive on July 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Stomach Duration \_\_\_\_\_

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

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

Other conditions (Include pregnancy within 3 months of death) 46h

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

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 Ella Mae Morris (M. D. or other) \_\_\_\_\_

Address 2017 So 10th St, St Joseph, Mo Date signed July 16

**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.....

*Robert H. Gable*

Licensed Embalmer No.....

*3308*

P. O. Address.....

*Mr Joseph M*

**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.**