

S. No. 2
M-2-43
5-17-39
1 X33

Primary Registration District No. **41474158**

Registrar's No. **69**

1. PLACE OF DEATH:

(a) County **Dallas**

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

(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1**
(Specify whether in this community ~~at Houston, Texas~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Dallas** **30**

(c) City or town **Buffalo** **1**
(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 _____ **1**

3. (a) PRINT FULL NAME **ELS HUSTON MORRIS**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **17**
year **1943** hour **5** minute **a** M.

21. I hereby certify that I attended the deceased from **June 8**, 19**43**, to **June 17**, 19**43**, that I last saw him alive on **June 15**, 19**43**, and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **June 8 1943**
(Month) (Day) (Year)

Immediate cause of death **Gastric hemorrhage**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Duration **160**

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

9. Birthplace **Buffalo Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name **John H. Morris**

13. Birthplace **Polk Co. Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Grace O. Ingamm**

15. Birthplace **Polk Co. Mo. 0**
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Grace O. Morris**

(b) Address **Buffalo Mo.**

17. (a) **Burial** (b) Date thereof **6-17-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Union Home**

18. (a) Signature of funeral director **S. B. Jones**

(b) Address **Buffalo Mo.**

19. (a) **7/15/43** (b) **Helen R. Jones**
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

23. Signature **J. Bennett** (M. D. or other) **D.O.**
Address **Buffalo, Mo.** Date signed **7/13/43**

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

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RECEIVED

District Health Officer No. 7,

District File Number 7-43-734

Date Filed 8-6-43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.