

ED JUL 24 1943

Registration District No. 115-128

Primary Registration District No. 2000

Registrar's No. 553

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: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Several years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GREENE
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 910 S. Newton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Julia Belle Morris

3. (b) If veteran, name war _____

None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles E. Morris

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

7. Birth date of deceased. Feb 13 1890
(Month) (Day) (Year)

8. AGE:

Years 53 Months 4 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation House wife

11. Industry or business _____

12. Name James Mize

13. Birthplace Jasper County, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mr. Gene Morris

(b) Address 1021 St. Louis St.

17. (a) Burial (burial, cremation, or removal) (b) Date thereof 7/11/43
(Month) (Day) (Year)

(c) Place: burial or cremation Cave Springfield

18. (a) Signature of funeral director _____

(b) Address 1100 Boonville St. City

19. (a) 7-9-43 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 8
year 1943 hour 05 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____
that I last saw her alive on July 8, 1943 5:00 PM
and that death occurred on the date and hour stated above.

Immediate cause of death Phenol poisoning

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 1637

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 7-8-43

(c) Where did injury occur? Springfield Greene Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Morris Car Exchange 1230 Boonville

While at work? No (Specify type of place) (e) Means of injury Blow

23. Signature _____ (Physician or other)

Address 779 Old Mo. Date signed 7-8-43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Signed D. C. [Signature]

Licensed Embalmer No. ~~3354~~ 2899

P. O. Address Cambridge, Mass

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.

Springfield, Mass
X