

State File No.

FD AUG 26 1943

Registration District No. 240

Primary Registration District No. 5827 W. Houston

Registrar's No. 84

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Route #1, Lilbourn Mo
(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 Four years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Leola Morris

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race Mixed 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Morris 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased January 18 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 29 If less than one day 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Miss Swift

12. Name Miss Swift

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

14. Maiden name Miss Mary Jane Swift

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

16. (a) Informant Walter Morris

(b) Address Route #1, Lilbourn Mo

17. (a) Burial (b) Date thereof July 28 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cambridge Mo

18. (a) Signature of funeral director Norman Dean

(b) Address Portageville, Mo.

19. (a) 8-1-43 (b) Mrs. D. L. Barrett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Badenville
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1943 hour 77 minute P M.

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

Immediate cause of death Central Hemorrhage
Due to hypertension

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations:
Of autopsy:

PHYSICIAN

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 Dr. W. H. Hester (M. D. or other)
Address Parma Date signed 7/21/43

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

MOTHER FATHER

1776

RECEIVED

District Health Office No. 2,

District File Number 843-1105

Date Filed 8-24-43

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 Noel C. Sean

Licensed Embalmer No. 3941

P. O. Address Portageville

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.