

No. 2
-2-43
5-17-39
1 x358

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32946

State File No. _____

FILED OCT 9 1943

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Pinn

(b) City or town Marceline Mo
(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 _____ (Specify whether)

In this community 41 years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pinn 58

(c) City or town Marceline 2
(If outside city or town limits, write "RURAL")

(d) Street No. 509 S. Kansas
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME William Harney Morris

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23
year 1943 hour 2 minute 10 AM

21. I hereby certify that I attended the deceased from Sept 8 1943 to Sept 23 1943; that I last saw him alive on Sept 21 1943; and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emma Brooks 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: July 3 1849
(Month) (Day) (Year)

Immediate cause of death: Branchopneumonia Duration 6 da.

Due to: Prostatic hypertrophy (acute) 2 wks

Due to: Senility

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

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

94 2 20 hr. min.

9. Birthplace: Leeds England
(City, town, or county) (State or foreign country)

10. Usual occupation millwright

Major findings: 107

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name William Morris

{ 13. Birthplace Leeds England
(City, town, or county) (State or foreign country)

{ 14. Maiden name Phoebe Robby

{ 15. Birthplace _____ Scotland
(City, town, or county) (State or foreign country)

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? _____

(Specify type of place) (e) Means of injury 3

23. Signature: John W. Quinn (M. D. or other) DD
Address Marceline Mo. Date signed 9-23-43

16. (a) Informant Mrs. W. H. Morris

(b) Address Marceline Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25 1943
(Month) (Day) (Year)

(c) Place: burial or cremation mt Olivet

18. (a) Signature of funeral director James M. Taylor

(b) Address Marceline Mo

19. (a) 9-23-43 (Date received local registrar) (b) P. B. Tinsch (Registrar's signature)

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

1350 (Licensed Embalmer's Statement on Reverse Side)

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..... Dale Bunch

Licensed Embalmer No..... 4088

P. O. Address..... Marcelline 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.