S. No. 2
M—2-43
5-17-39
I X35697

40
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34795

State File No.

Registration District No. 132 Primary Registration District No. 5476 Registrar's No. 126

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town RURAL — Lincoln Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5 miles North of Trenton RFD I
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 Weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GRUNDY 40 0

(c) City or town RURAL — Lincoln Twp
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi N of TRENTON
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country ——

3. (a) PRINT FULL NAME CATHERINE MORRIS

3. (b) If veteran, name war ——

3. (c) Social Security No. ——

4. Sex F

5. Color or race W

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2 Widowed

6. (b) Name of husband or wife William Morris

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

7. Birth date of deceased Oct (Month) 7 (Day) 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	11	4	— hr. — min.

9. Birthplace Harris (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name unknown Swann
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Unknown Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Ray Morris
(b) Address R.F.D. #1 Trenton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 13 (Day) 43 (Year)
(c) Place: burial or cremation Rusby Cem. Harris Mo.

18. (a) Signature of funeral director Davis Funeral Service
(b) Address Trenton Mo.

19. (a) 9-11-43 (Date received local registrar) (b) L S Roberts (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 11
year 43 hour 4 minute D A.M.

21. I hereby certify that I attended the deceased from 9-10, 1943 to 9-11, 1943;
that I last saw him alive on 9-10, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Right Hip — Duration 3 weeks.

Due to Fall at Home

Due to

Other conditions Senility 18 a
(Include pregnancy within 3 months of death)

Major findings:
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) Accident 105

(b) Date of occurrence Aug 6th 1943

(c) Where did injury occur? Harris (City or town) Sullivan (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? Yes (e) Means of injury Fall

23. Signature Olive F. Coffey M.D. (M. D. or other)

Address Trenton Mo. Date signed 9-11-43

1330 (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 John M Robertson, Registered Apprentice No. 355, working under my personal supervision.

Signed Raymond A. Davis

Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

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.