

No. 2
-5-42
-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35100

State File No. _____

FILED OCT 28 1943

Registration District No. 176

Primary Registration District No. 3638

Registrar's No. _____

1. PLACE OF DEATH:

(a) County LAWRENCE

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

(c) Name of hospital or institution:
ROUTE #1, STOTTS CITY, MISSOURI
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LAWRENCE

(c) City or town RURAL - VINEYARD
(If outside city or town limits, write "RURAL")

(d) Street No. ROUTE #1, STOTTS CITY, MO.
(If rural, give location)

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

3. (a) PRINT FULL NAME THOMAS RUMSEY MORRIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ALLIE B. MORRIS

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased SEPTEMBER 29, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>0</u>	<u>3</u>	_____ hr. _____ min.

9. Birthplace WARRNE COUNTY, KY. 1
(City, town, or county) (State or foreign country)

10. Usual occupation FARMING

11. Industry or business _____

12. Name LEANDER MORRIS

13. Birthplace X KY. 1
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA LONDON

15. Birthplace X KY. 1
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. T. R. MORRIS

(b) Address ROUTE #1, STOTTS CITY, MO.

17. (a) BURIAL (b) Date thereof 10-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CAVE SPRINGS CEMETERY

18. (a) Signature of funeral director ED. C. ULMER

(b) Address 1208 GARRISON, CARTHAGE, MO.

19. (a) 10-8-43 (b) Anna Wherry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 2,
year 1943 hour 7:40 minute A. M.

21. I hereby certify that I attended the deceased from SEPTEMBER 28,
1943 to OCTOBER 2, 1943
that I last saw him alive on September 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE DILATATION
Duration 1 Mo.

Due to CHRONIC MYOCARDITIS

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

93d

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)

23. Signature _____ (M. D. or other) _____

Address _____ Date signed 10-4-43

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

RECEIVED

District Health Officer No. 67

District File Number 1043-1203

Date Filed OCT 27 1943

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 *E. C. Williams*

Licensed Embalmer No. 2222

P. O. Address *Carthage*

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.