

No. 2  
24  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35579

State File No. ....

Registration District No. 299

Primary Registration District No. 6028

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Reynolds  
(b) City or town Rural; Lesterville  
(c) Name of hospital or institution: 6 mi. South of Lesterville  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution life  
In this community life  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Reynolds  
(c) City or town Rural  
(d) Street No. 6 miles South of Lesterville  
(If outside city or town limits, write "RURAL")  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Buddy Morris

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased April 15 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
4 6 12 ..... hr. .... min.

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

10. Usual occupation none

11. Industry or business

12. Name Charley Morris  
13. Birthplace Brunot Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Giles  
15. Birthplace Chattanooga Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Charley Morris  
(b) Address Lesterville Mo.

17. (a) burial (b) Date thereof 10-28-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lesterville Mo.

18. (a) Signature of funeral director Norman White & Sons  
(b) Address Ironton Mo.

19. (a) 10/28/43 (b) Mrs. Inez Wellington  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27  
year 1943 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from Dec. 23 43  
1943 to Dec. 27 19 43  
that I last saw him alive on Oct. 26 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis

Due to .....

Due to .....

Other conditions (include pregnancy within 3 months of death) 1200

Major findings: Of operations .....

Of autopsy .....

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? .....

(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 B. M. Fitzpatrick (M. D. or other) M.D.  
Address Lesterville Mo. Date signed 10/28/43

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1194

RECEIVED

District Health Officer No. 5,

District File Number 1143663

Date Filed 11-9-43

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.....

who not embalmed....., Registered Apprentice No.....  
working under my personal supervision.

Signed Amos J. White.....

Licensed Embalmer No. 3012.....

P. O. Address Chorton Wv......

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.