

FILED DEC 9 1949

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 72

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community about 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Monett
(If outside city or town limits, write "RURAL.")

(d) Street No. East Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country none

3. (a) PRINT FULL NAME Cynthia Ellen Morris

3. (b) If veteran, name war none

3. (c) Social Security No. old age

4. Sex F 5. Color or race W

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

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

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

7. Birth date of deceased Dec 6 1865
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 9th
year 1949 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 7
4 1949, to Nov 9 1949,
that I last saw her alive on Nov 9 1949
and that death occurred on the date and hour stated above.

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

77	11	3	hr. min.
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Immediate cause of death Bronchial Pneumonia 2 days

Due to.....

Due to..... 107

9. Birthplace Breathitt Co 1 Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 12 months of death)

Major findings: St. Ferguson PHYSICIAN

Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name Reuben Patton

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

14. Maiden name Eizabeth Walker

15. Birthplace 1 Kentucky
(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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature St. Ferguson (M. D. or other)
Address Monett, Mo. Date signed 11-12-49

16. (a) Informant George Morris

(b) Address Monett Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-12-1949
(Month) (Day) (Year)

(c) Place: burial or cremation 2007 E. Main Monett Mo.

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo.

19. (a) (b) (c) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1243-1312

Date Filed DEC 7 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 J. P. Buchanan
Licensed Embalmer No. 3179
P. O. Address Monett 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.

Registration District No. 13 Primary Registration District No. 2003

1. PLACE OF DEATH:
 (a) County Barry
 (b) City or town Monett
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cynthia Ellen Morris
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec Day 12 Year 1943 Minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw him/her alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Dec 6 (Month) 6 (Day) _____ (Year)
 8. AGE: Years 77 Months 11 Days _____ (Less than one day) _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Nov 12 1943 (b) Audna Euloughlin (Registrar's signature)
(Data received local registrar)

Due to _____
 Due to _____
 Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration

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 _____ (M. D. or other) _____
 Address _____ Date signed _____

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

SUPPLEMENTARY

37657