

WHILE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38897
Do not use this space.

FILED DEC 7 1943

1. PLACE OF DEATH

(a) County Shepherd Registration District No. 275

(b) Township _____ Primary Registration District No. 3053 Registered No. 103 81

(c) City Rolla (d) Street No. 500 West 8th St. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. PRINT FULL NAME Maudie Morse

(a) Residence, No. 500 W. 8th St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) Mo

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. L. Morse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>77</u>	<u>9</u>	<u>18</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, D.C.

13. NAME Maudie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knowlton, Mo.

15. MAIDEN NAME Elizabeth Ringer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mar. L. Blumauer, Drankle 500 W 8th, Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Cem. DATE Oct 27 1943

19. FUNERAL DIRECTOR (ADDRESS) W. H. Reed, son Rolla Mo

20. FILED Nov 3, 1943 Rolla Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25 1943

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1943, to 10-25, 1943

I last saw her alive on 10-25, 1943 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Other contributory causes of importance: 94a
Sarcoid
Hypertension

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. E. F. and, M. D.
(Address) Rolla Mo.

Date of onset 10.25.43

Oct 26 1943

STATEMENT BY LICENSED EMBALMER

I, S. E. [Signature], Licensed Embalmer No. 3394

hereby certify that the body recorded on the reverse side of this certificate was embalmed by [Signature]

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed S. E. [Signature]

Licensed Embalmer No. 3394

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.)