

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 355

Registration District No. 316 Primary Registration District No. 6075

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. State Hospital No. 42
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. 8 mos. 1 d
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN J. MORRIS

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maudie Reed Morris

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

7. Birth date of deceased Sept. 16, 1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	2	9	hr. min.

9. Birthplace Mill Springs Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer around compresses

11. Industry or business _____

12. Name Alfred Morris

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

14. Maiden name Fora Smith

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

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-43
(Month) (Day) (Year)

(c) Place: burial or cremation Wood Lawn Cem., Poplar Bluff, Mo.

18. (a) Signature of funeral director Frank Cottrell Undertakers

(b) Address Poplar Bluff, Mo.

19. (a) Nov 30-1943 (Date received local registrar) (b) Sydie Bukhomeste (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler

(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25, year 1943 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 24, 1942 19____ to November 25, 1943 19____; that I last saw him alive on November 25, 1943 19____; and that death occurred on the date and hour stated above.

Immediate cause of death General Paralysis of the Insane

Due to _____

Due to (Syphilitic) Meningo-encephalitis

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

Major findings: Of operations _____

Of autopsy _____

30 b

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)

Means of injury _____

23. Signature Anna H. Doctor (M. D. or other) _____

Address Farmington, Mo. Date signed 12/5/43

1196

RECEIVED

District Health Officer No. 4

District File Number 1243-3021

Date Filed 12-8-43

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

W. W. Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.