

FILED JAN 14 1944

State File No. _____

Registration District No. 157

Primary Registration District No. 5591

Registrar's No. 159

1. PLACE OF DEATH:

(a) County JEFFERSON
(b) City or town RURAL - CENTRAL 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)
In this community 29 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON
(c) City or town RURAL - NEAR GOLDMAN MO
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME GRACE B. MORRIS

(b) If veteran, name war _____ (c) Social Security No. NONE

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HUGH MORRIS 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased SEPT 20 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 2 Days 14 If less than one day hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN BLAZER
13. Birthplace UNKNOWN
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN

16. (a) Informant MR HUGH MORRIS
(b) Address HILLSBORO MO

17. (a) BURIAL (b) Date thereof DEC 17, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GLADE CHAPEL CEM.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
(b) Address KIMMSWICK Mo.

19. (a) Dec 15-1943 (b) Wm Evans
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 14
year 1943 hour 12:50 minute P M.

21. I hereby certify that I attended the deceased from Sept 10 to Dec 14
that I last saw her alive on Dec 1 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the uterus

Due to _____
Due to H&F
Other conditions none
(Include pregnancy within 3 months of death)

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? _____ (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 Chas E. Jallit (M. D. or other)
Address 1220 W Date signed 12/14/43

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

