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DM—5-42
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42795

FILED DEC 18 1943

Registration District No. ~~169~~ 176 Primary Registration District No. ~~5638~~ 5606 ~~5606~~ Registrar's No. 62

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: 1 L Ozark Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ( ) (Specify whether
In this community All her life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

(c) City or town Everton R.R. 0
(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 — 0

3. (a) PRINT FULL NAME Jossie Morrison

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife —

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

7. Birth date of deceased Nov. (Month) 1 (Day) 1874 (Year)

8. AGE: Years 68 Months 11 Days 0 If less than one day ___ hr. ___ min.

9. Birthplace Lawrence Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name Robert Kimmons
13. Birthplace Lawrence Co. Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Williams
15. Birthplace Lawrence Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina Wagner
(b) Address Everton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation Meisemer

18. (a) Signature of funeral director Morris Lennon
(b) Address Miller Mo.

19. (a) Dec 1-1943 (Date received local registrar) (b) Anna Whinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1 year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1940, to Oct 1, 1943, that I last saw her alive on Sept 27, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy followed by nephritis chronic	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 b

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. I. Hoemer (M. D. or other)

Address Miller Mo Date signed 10-2-43

1182 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 1243-1380
Date Filed DEC 13 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 L. R. Leimon

Licensed Embalmer No. 3297

P. O. Address Miller 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.