

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 13 1944

Registration District No. ....

Primary Registration District No. 5580

Registrar's No. 5

49  
0  
0

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

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Waco  
(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 25 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Waco  
(If outside city or town limits, write "RURAL")  
(d) Street No. ....  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME William Jordon Morris

3. (b) If veteran, name war no data 3. (c) Social Security No. ....

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

6. (b) Name of husband or wife Mary Morris 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 22, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 6 7 hr. min.

9. Birthplace West Plaines Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name George N. Morris 13. Birthplace Tenn.

14. Maiden name Jane Barvey 15. Birthplace Tenn.

16. (a) Informant Widow Mary Morris (b) Address Waco, Mo.

17. (a) burial (b) Date thereof 3/2/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director W. J. Nelson (b) Address Webb City, Missouri

19. (a) Mar. 2, 1944 (b) Mrs. Lillie Lagle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 29 year 1944 hour 3:40 minute A. M.

21. I hereby certify that I attended the deceased from Jan 3, 1944 to Feb 29, 1944

that I last saw him alive on Feb 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Senile dementia Duration

Due to Atherosclerosis

Due to

Other conditions

Major findings: Of operations 97

Of autopsy

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 P. M. Starnes (M. D. or other) Address Webb City, Mo. Date signed 3/1/44

46-2-219

*Statement*

**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..... *[Signature]*.....

Licensed Embalmer No. *28579*.....

P. O. Address..... *[Signature]*.....

**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.**