

FILED MAY 29 1944
Registration District No. **196**

Primary Registration District No. **5654**

Registrar's No. **11**

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

1. PLACE OF DEATH:

(a) County **Lawrence**

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

(c) Name of hospital or institution: **Residence**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **5 2 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lawrence**

(c) City or town **Miller** **R. R.**
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Clinton R. Morris**

3. (b) If veteran, name war **0**

3. (c) Social Security No. **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **1** day **16**
year **1944** hour **1** minute **30** A. M.

4. Sex **Male** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Nettie**

6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased: **11 - 8 - 1865**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Aug 1** 1942 to **1 - 16** 1944
that I last saw him alive on **1 - 14** 1944
and that death occurred on the date and hour stated above.

8. AGE: Years **78** Months **2** Days **8** If less than one day _____ hr. _____ min.

9. Birthplace **Audrain Co. Mo.**
(City, town, or county) (State or foreign country)

Immediate cause of death: **Cerebral apoplexy**

Due to **arteriosclerosis**

Other conditions: **0**
(Include pregnancy within 3 months of death)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Joshua Morris**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Nettie Morris**

(b) Address **Miller Mo.**

17. (a) **Burial** (b) Date thereof **1-17-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Shilo**

18. (a) Signature of funeral director **Morris Lemar**

(b) Address **Miller Mo.**

19. (a) **4-13-44** (b) **Anna Whoney**
(Date received local registry) (Registrar's signature)

Major findings: **0**
Of operations _____

Of autopsy _____

RECEIVED

District Health Officer No. 8,

District File Number 544-622

Date Filed MAY 24 1944

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. Leman

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.