

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18478

FILED JUN 12 1944

Registration District No. 175

Primary Registration District No. 5649

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Pierce City - Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Pierce Hosp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Lifetime (Specify whether
 In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
 (c) City or town Pierce City Rural
 (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 U

3. (a) PRINT FULL NAME Ina Pearl Morris

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

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Leeman Morris 6. (c) Age of husband or wife if alive 44 years
 7. Birth date of deceased Nov. 12 1901
 (Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Lawrence County Mo. (1)
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name William Atkinson
 13. Birthplace Lawrence Co. Mo. (1)
 (City, town, or county) (State or foreign country)
 14. Maiden name Annie Lough
 15. Birthplace Missouri (1)
 (City, town, or county) (State or foreign country)

16. (a) Informant Leeman Morris
 (b) Address Pierce City
 17. (a) Burial (b) Date thereof 5-25-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery Pierce City
 18. (a) Signature of funeral director [Signature]
 (b) Address Pierce City, Mo.

19. (a) May 10 1944 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
 year 1944 hour 8:30 minute _____ P. A. M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____
 that I last saw him _____ alive on _____ 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Struck by lightning during storm killed instantly

Due to _____
 Due to _____

Other conditions (include pregnancy within 3 months of death) 192

Major findings: Of operations _____
 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) Struck by lightning
 (b) Date of occurrence May 8 1944
 (c) Where did injury occur? Pierce City Lawrence, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home in the barn
 (Specify type of place)
 While at work? [Signature] (e) Means of injury Lightning

23. Signature [Signature] (M. D. or other)
 Address Pierce City, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 61

District File Number 644-706

Date Filed JUN 8 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 Mc

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

Signed Victor L. Henney

Licensed Embalmer No. 3822

P. O. Address Sierra City, N.M.

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.