

No. 2
5-43
17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20975**
Registrar's No. **156**

Filed Jul 10 1944

Primary Registration District No. **4003**

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

1. PLACE OF DEATH:
(a) County **Adair**
(b) City or town **Gibbs**
(If outside city or town limits, write "RURAL" and name of 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 **1** (Specify whether
In this community **1** years, months or days)

3. (a) PRINT FULL NAME **Orpha L. Morris**
3. (b) If veteran, name war _____ **3. (c) Social Security** No. _____

4. Sex **Female** **5. Color or race** **White**
6. (a) Single, widowed, married, **2** divorced **widowed**
6. (c) Age of husband or wife if _____
alive _____ years

7. Birth date of deceased **August 28 1891**
(Month) (Day) (Year)

8. AGE: Years **52** Months **9** Days **9**
If less than one day _____ hr. _____ min.

9. Birthplace **0 Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeping**

11. Industry or business

12. Name **John Horn**

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

14. Maiden name **Minnie Lefever**

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

16. (a) Informant **Claude H. Morris**

(b) Address **Gibbs Mo**

17. (a) Burial **(b) Date thereof June 8 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmer Mo**

18. (a) Signature of funeral director **M. A. McCollins**
(b) Address **South Giffbrd Mo**

19. (a) 6/14/44 (b) Mrs. J. L. Wagner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Adair**
(c) City or town **Gibbs Mo**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6**
year **1944** hour **1** minute **A.M.**
21. I hereby certify that I attended the deceased from **June 2**
1944 to **June 5** **1944**
that I last saw her alive on **June 5** **1944**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic Myocarditis 2 yrs

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **93d**
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?

23. Signature **W. M. Humphrey** (M. D. or other) **MD**
While at work? _____ (Specify type of place) (e) Means of injury _____
Address **Biological Mo** Date signed **6-14-44**

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 7-44-1212

Date Filed JUL 7 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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford 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.