

No. 2
1-4-41
v. 2-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25840

State File No. _____

FILED AUG 10 1944

Registration District No. 275

Primary Registration District No. 4479

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Queency Mo.
(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) 1

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Schuyler

(c) City or town Queen City Mo
(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 Wayne P. Morse

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

3. (c) Social Security No. 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 7, year 1944, hour 1:30, minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ruth 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Jan, 9, 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sep 30, 1943 to July 7, 1944
that I last saw him alive on July 7, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 5 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death Cancer of rectum Duration 2.0 months

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

Due to _____

Due to _____

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

10. Usual occupation Supt. of Schools

11. Industry or business School work

Major findings: 462
Of operations _____

Of autopsy no

PHYSICIAN _____
(Underline the cause to which death should be charged statistically.)

MOTHER FATHER { 12. Name Wilbur F. Morse

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

14. Maiden name Lizzie J. Melom

15. Birthplace Macon County Mo. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Ruth G. Morse

(b) Address Queen City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 II 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Callad Mo

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature O. P. Brown (M.D. or other) 20
Address Queen City Mo Date signed July 8

18. (a) Signature of funeral director Callad Mo

(b) Address Queen City Mo

19. (a) 7/10-1944 (b) W. Justice
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

11800

1298

2044

RECEIVED

District Health Officer No. 10

District File Number 8-44-1354

Date Filed AUG 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Wm A West

Licensed Embalmer No.

2882

P. O. Address

Queencity 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.