

FILED SEP 13 1944

Registration District No. ....

Primary Registration District No. 4036

Registrar's No. ....

1. PLACE OF DEATH

(a) County Bates  
(b) City or town Rich Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Home  
(If not in hospital or institution, write street number or location)  
(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 Bates  
(c) City or town Rich Hill Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6th Cedar St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME EDGAR A. MORRIS

3. (b) If veteran, name war.....  
3. (c) Social Security No. 29 07-3272

4. Sex m 5. Color or race w  
6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Cora Bell Morris  
6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 22 1882  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 20  
If less than one day hr. min.

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

10. Usual occupation retired farmer

11. Industry or business.....

MOTHER FATHER  
12. Name Quenton Morris  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Daniels  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Cora B. Morris

(b) Address Rich Hill, Mo

17. (a) Burial (b) Date thereof Aug 14 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Butler

(b) Address Butler Mo

19. (a) Aug. 18 1944 (b) Mrs. Earn Douglas  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12  
year 1944 hour 5 pm minute..... M.

21. I hereby certify that I attended the deceased from Aug 10th  
1944, to Aug 12th, 1944  
that I last saw him alive on Aug 12, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to chronic nephritis

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:  
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?

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature Butler (M. D. or other) med

Address Butler Mo Date signed 8-15-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

APR 28 1947

DEC 8 1948

RECEIVED  
District Health Officer No. 731  
District File Number 8-44-1055  
Date Filed 1-12-44

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 *C. E. Culver*

Licensed Embalmer No. 2576

P. O. Address *Butte 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.