. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

27212

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 34 Primary Registration District No. 5117 Registrar's No. 65

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2 Miles West of Ashland Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 2 Miles West of Ashland Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charles H Morical

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Bertha Morical

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

7. Birth date of deceased Nov (Month) 23 (Day) 1875 (Year)

8. AGE: Years 68 Months 8 Days 0 If less than one day hr. min.

9. Birthplace (City, town, or county) — (State or foreign country) 4

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William H Morical
13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

MOTHER
14. Maiden name Sirepha Plummer
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs Bertha Morical
(b) Address Hartsburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/25/44 (Month) (Day) (Year)
(c) Place: burial or cremation New Salem Cemt.

18. (a) Signature of funeral director Wm C. Burnett
(b) Address Ashland Mo

19. (a) July 24, 1944 (Date received local registrar) (b) Mrs Alice Estes By W.B. (Registrar's signature)

1244

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from June 1, 1944 to July 23, 1944 that I last saw him alive on July 23, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

83a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H B Pryor (M. D. ~~or other~~)

Address Ashland Mo Date signed 7-23-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-18-44

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 Me

, Registered Apprentice No.

working under my personal supervision.

Signed W. D. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland 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.