S. No. 2
M—2-43
. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 6 1944

Registration District No. 183

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4296

28197

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Browning
(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 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn

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

(d) Street No. 0
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Thomas R. Morris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 6 (Month) 14 (Day) 1851 (Year)

8. AGE: Years 93 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Hodginville (City, town, or county) Ky (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Jerry Morris
13. Birthplace Ky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha McGavock
15. Birthplace Wyeth Co. (City, town, or county) Va (State or foreign country)

16. (a) Informant Mrs. May Shrock
(b) Address Browning - Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation Purdin Mo

18. (a) Signature of funeral director Schoene Funeral Service
(b) Address Milan Mo

19. (a) 8-26-1944 (Date received local registrar) (b) Mrs. C C Wood (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25 year 1944 hour 8 minute 45 a M.

21. I hereby certify that I attended the deceased from Aug 20, 1944, to Aug 25, 1944, that I last saw him alive on Aug 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to

Due to

Other conditions Obstipation
(Include pregnancy within 3 months of death)
Ileus.

Major findings:
Of operations

Of autopsy

Duration

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)

(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 T. R. McArta 0 (M. D. ~~or other~~)

Address Browning Date signed

(Licensed Embalmer's Statement on Reverse Side)

JUN 11 1947

SEP 18 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 Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan 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.