

no. 2  
5-42  
5-17-39  
X32873

Registration District No. 391

Primary Registration District No. 4542

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Webster  
(b) City or town Rogersville  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster  
(c) City or town Rogersville 112  
(If outside city or town limits, write "RURAL")  
(d) Street No. U  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17  
year 1944 hour 9 minute 45 A.M.  
21. I hereby certify that I attended the deceased from Sept 10  
1944 to Sept 17 1944  
that I last saw him in alive on Sept 17 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to 1  
Duration 10 hours

Other conditions 830  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

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

3. (a) PRINT FULL NAME Clarence Robert Morris

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 Maggie 6. (c) Age of husband or wife if alive years 13 months 1888

7. Birth date of deceased: (Month) Jan. (Day) 13 (Year) 1888

8. AGE: Years 56 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Webster Co Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation 1

11. Industry or business

12. Name James J. Morris

13. Birthplace Greene Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary L. Wharton

15. Birthplace Greene Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Morris

(b) Address Rogersville, Mo.

17. (a) Burial (b) Date thereof Sept 20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Springfield Mo

18. (a) Signature of funeral director Foley - Schell

(b) Address Rogersville Mo

19. (a) Sept 20, 1944 (b) Susie B. Beach  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1041

RECEIVED

District Health Officer No. 6,

District File Number 1044-1058

Date Filed OCT 16 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.....

*J. H. Kelley*

Licensed Embalmer No. 3334

P. O. Address.....

*Raymond M.*

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.