

FILED NOV 20 1944

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 2309

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

1. PLACE OF DEATH: ST. LOUIS

(a) County ST. LOUIS

(b) City or town RICHMOND HTS. MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARYS HOSP  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS  
(Specify whether years, months or days)

In this community 7 DAYS

3. (a) PRINT FULL NAME FRANCIS MORRIS

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex M 5. Color or race XV 6. (a) Single, widowed, married, divorced ---

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

7. Birth date of deceased NOV-7- 1944  
(Month) (Day) (Year)

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

9. Birthplace SIKESTON MO  
(City, town, or county) (State or foreign country)

10. Usual occupation ---

11. Industry or business ---

MOTHER FATHER { 12. Name LOUIS MORRIS

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

14. Maiden name NELLIE TOWNE

15. Birthplace OZONE JUNCTION CITY ARK  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN MORRIS  
(b) Address SIKESTON MO

17. (a) BURIAL (b) Date thereof 11-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SIKESTON MO

18. (a) Signature of funeral director John Baker

(b) Address 6536 Clay St. Rd

19. (a) NOV 13 1944 (b) G. J. Macmillan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County STAFFORD

(c) City or town SIKESTON 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 ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 11th year 1944 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from NOV 9 1944 to NOV 11 1944 that I last saw him alive on 11/11 and that death occurred on the date and hour stated above.

Immediate cause of death Respirator Failure  
Congenital Heart Disease  
Congenital Cleft palate  
& hare-lip

Due to ---

Due to ---

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 157e

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? ---

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

23. Signature Jackson (M. D. or other) ---

Address 6536 Clay St. Rd Date signed 11/12/44

**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.....

*Not Embalmed*

Licensed Embalmer No.....

P. O. Address.....

**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.**