

S. No. 2
M-8-43
7-5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 14 1944

Registration District No. 333

Primary Registration District No. 3074

Registrar's No.

1. PLACE OF DEATH:

(a) County Scott

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

(c) Name of hospital or institution: 318 Prosperity St
(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 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott 100

(c) City or town Sikeston 5
(If outside city or town limits, write "RURAL")

(d) Street No. 318 Prosperity 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country — (1)

3. (a) PRINT FULL NAME JOSEPH SYRE MORRIS

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
year 1944 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from 8:00
10 1944 to Dec 9 1944
that I last saw him alive on Dec 10 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Alice

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

7. Birth date of deceased March 10 1860
(Month) (Day) (Year)

Immediate cause of death Senile Debility

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) 162

8. AGE: Years 84 Months 10 Days 28 If less than one day hr. min.

9. Birthplace D.S. Ky 1
(City, town, or county) (State or foreign country)

Major findings: Of operations —

Of autopsy —

PHYSICIAN —

Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer

11. Industry or business —

MOTHER FATHER { 12. Name D.K. 9

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

{ 14. Maiden name D.K. 9

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

16. (a) Informant J. T. Singleton 1

(b) Address Sikeston Mo

17. (a) Burial (b) Date thereof 12-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Matthews Mo.

18. (a) Signature of funeral director Whelan Funeral Home

(b) Address Sikeston Mo

19. (a) 12/11/44 (b) Louis Largent
(Date received local registrar) (Registrar's signature)

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 — (c) Means of injury —

23. Signature Wm. H. Orrell (M. D. or other) —

Address Sikeston Mo Date signed 12-11-44

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

100
5
2

RECEIVED

District Health Office No. 2,

District File Number 124-1634

Date Filed 12-13-44

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Arketon ms

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.