

THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1945

State File No. \_\_\_\_\_  
Registrar's No. 73

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)  
 In this community About 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1018 Edmond St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Arthur N. Morris  
 3. (b) If veteran, name war NO 3. (c) Social Security No. 11

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widower  
 6. (b) Name of husband or wife Effie Leona Morris  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased July 28, 1874  
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 13  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lucas County Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_  
 12. Name Thornton Morris  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ida Bremmer  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph E. Norris  
 (b) Address 5314 Barbara St.

17. (a) Burial (b) Date thereof Jan. 13, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Auburn Cem.

18. (a) Signature of funeral director Clark Mortuary  
 (b) Address 5025 King Hill Ave.

19. (a) 1-13-45 (b)  Helen J. Puklo  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11  
 year 1945 hour 10 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec. 7, 1944 to Jan. 11, 1945  
 that I last saw him alive on Jan. 10, 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death hepatic sclerosis  
 Duration 3yrs.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_ 124 1/2

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (c) Means of injury \_\_\_\_\_

23. Signature J. R. Elliott (M. D. or other) M.D.  
 Address 801 Francis St. St. Joseph, Mo. Date signed 113, 45

1377

Dr. G. Keith 804 1/2 Franklin

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 1/11/55

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Emil A. Clark

Licensed Embalmer No. 4238

P. O. Address St. Joseph 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.