

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 8 1945
128

Registration District No.

Primary Registration District No. 2000

Registrar's No. 76

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield,**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location) **0**
(d) Length of stay: In hospital or institution **4 weeks**
(Specify whether years, months or days)
In this community **9 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene**
(c) City or town **Rural - Springfield, N. Campbell Twp**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route 2**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Oliver Henry Morris**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ethel Morris** 6. (c) Age of husband or wife if alive **Unknown** years

7. Birth date of deceased **May 25, 1889**
(Month) (Day) (Year)

8. AGE: Years **75** Months **7** Days **29** If less than one day hr. min.

9. Birthplace **Unknown Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business **On Farm**

12. Name **Christopher Morris**

13. Birthplace **Unknown N. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Prudence Stanley**

15. Birthplace **Unknown N. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Ethel Morris**
(b) Address **Springfield, Missouri**

17. (a) **Burial** (b) Date thereof **Jan. 26, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond, Indiana**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**
(b) Address **Springfield, Missouri**

19. (a) **1-29-45** (b) **W.S. Handley**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **24,** year **1945** hour **6:00** minute **P.M.**

21. I hereby certify that I attended the deceased from **12/28/44** to **1/24/45** that I last saw him alive on **1/24/45** and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia** Duration **4 wks**

Other conditions **Empyema** 2 wks
(Include pregnancy within 3 months of death)

Major findings: Of operations **1102** 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?

(Specify type of place) (e) Means of injury

23. Signature **J.D. Lemmon** (M.D. or other) **M.D.**
Address **Springfield, Mo.** Date signed **1/28/45**

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

9
2
6

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..... *E. C. Roof*

Licensed Embalmer No..... *3048*

P. O. Address..... *Springfield 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.

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