

**FILED APR 11, 1945**

Registration District No. \_\_\_\_\_

Primary Registration District No. **4236**

Registrar's No. **1**

**1. PLACE OF DEATH:**

(a) County **Iron**  
(b) City or town **Des Arc**  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Iron**  
(c) City or town **Des Arc, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME. David Edward 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, **Child**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased **March 3 1945**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. **30-40 min.**

9. Birthplace **Des Arc Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **child**

11. Industry or business \_\_\_\_\_

12. Name **Ernest Morris**

13. Birthplace **Wayne County Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Lila Mae Adams**

15. Birthplace **Iron County Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr Ernest Morris**

(b) Address **Des Arc Mo.**

17. (a) **Burial** (b) Date thereof **3/4/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Des Arc Cemetery**

18. (a) Signature of funeral director **William Corder**  
(b) Address **Credmont, Mo.**

19. (a) **March 10 1945** (b) **Mr F.E. Howard**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **March** day **3<sup>rd</sup>**  
year **1945** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **3/3/45**  
\_\_\_\_\_ 19 \_\_\_\_\_ to **3/3/45** 19 \_\_\_\_\_  
that I last saw him alive on **3/3/45** 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **atelectasis** Duration \_\_\_\_\_  
**child lived 30-40 minutes**  
**couldnt get lungs expanded**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 5 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **16/2**

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) (e) Means of injury \_\_\_\_\_

23. Signature **J.H. Hillman M.D.** (M. D. or other) \_\_\_\_\_

Address **Credmont, Mo.** Date signed **3/3/45**

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

RECEIVED

District Health Officer No. 4

District File Number 445-453

Date Filed 4-9-45

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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.....

Goder Funeral Home, Registered Apprentice No.....  
working under my personal supervision.

Signed William Goder

Licensed Embalmer No. 3723

P. O. Address Piedmont 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.