

S. No. 2  
FORM-5-43  
rev. 5-17-39  
I X36671

**FILED JUN 12 1945**

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

Primary Registration District No. **5120**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Columbia, Rural**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **R.F.D. #3 Wym. mp**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **72 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**  
(c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.F.D. #3** (If rural, give location)  
(e) Citizen of foreign country? **No.** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **JOSIE MORRIS**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Arthur Morris** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **3-4-1873**  
(Month) (Day) (Year)

8. AGE: Years **72** Months **2** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Boone Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **at home**

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

MOTHER FATHER  
12. Name **Unknown**  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Arthur Morris**  
(b) Address **Columbia Mo.**  
17. (a) **Burial** (b) Date thereof **5-16-1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Columbia cemetery**  
18. (a) Signature of funeral director **Spauld. Parker**  
(b) Address **Columbia Missouri**  
19. (a) **5-16-1945** (b) **E. Dora Barber**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **11** year **1945** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **5-11-45** to **5-11-45**  
that I last saw her alive on **5-11-45** and that death occurred on the date and hour stated above.

Immediate cause of death **Crown block**

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

Other conditions **Stomach trouble**  
(Include pregnancy within 3 months of death)

Major findings: Of operations **None**  
Of autopsy **None**

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) (a) Means of injury \_\_\_\_\_  
23. Signature **W. D. Heart** (M. D. or other) \_\_\_\_\_  
Address **Calumet, Mo.** Date signed **5-15-45**

Duration

**6 hrs.**

PHYSICIAN

Underline the cause to which death should be charged statistically.

1250

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

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 6-11-45

JUN 20 1945

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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed \_\_\_\_\_

Licensed Embalmer No. 2900

P. O. Address. Columbia, 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.