S. No. 2
M—8-43
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24388

State File No.

FILED JUL 16 1945

Registration District No. 178 Primary Registration District No. 4286 Registrar's No. 48

1. PLACE OF DEATH:
(a) County: Lewis
(b) City or town: La Grange
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Lewis 56
(c) City or town: La Grange 2
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Edwin Wilber Morriss
3. (b) If veteran, name war: ---------
3. (c) Social Security No. 494-09-2090
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Wilba D. Morriss
6. (c) Age of husband or wife if alive: 27 years
7. Birth date of deceased: August 1st. 1912 (Month) (Day) (Year)
8. AGE: Years 32 Months 9 Days 29 If less than one day hr. min.
9. Birthplace: Ewing (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Merchant
11. Industry or business:
FATHER 12. Name: Edwin Morriss
13. Birthplace: Shelby County (City, town, or county) Missouri. (State or foreign country)
MOTHER 14. Maiden name: Lidia Frances Courtney
15. Birthplace: La Grange (City, town, or county) Missouri. (State or foreign country)
16. (a) Informant: W. D. Morriss
(b) Address: La Grange, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: La Grange, Missouri
18. (a) Signature of funeral director: M. Roberts
(b) Address: La Grange, Missouri.
19. (a) 6-2-45 (Date received local registrar) (b) P. W. Jennings, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 30
year 1945 hour 15 minute 50 A.M.
21. I hereby certify that I attended the deceased from SEPT 15, 1944, to MAY 30, 1945;
that I last saw him alive on MAY 29, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
MITRAL REGURGITATION + HYPERTROPHY OF HEART	3 YRS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
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)
While at work? (e) Means of injury
23. Signature: W. L. Ellery M.D. (M. D. or other)
Address: La Grange Mo. Date signed 5/31/45

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

987 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-45-1033
Date Filed JUL 12 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 A.A.Roberts, Registered Apprentice No. ....., working under my personal supervision.

Signed A.A. Roberts

Licensed Embalmer No. 1626

P. O. Address La Grange, Missouri.

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.