

FILED 17 1945
Registration District No. 254

Primary Registration District No. 4386

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(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 Missouri (b) County Oregon 75

(c) City or town Thayer
(If outside city or town limits, write "RURAL") 0

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Unnamed daughter of Mr. and Mrs. Elmer F. Morris

3. (b) If veteran, name war: -- 3. (c) Social Security No. --

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 11 hr. _____ min.

9. Birthplace Thayer Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

12. Name Elmer F. Morris

13. Birthplace Cord Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Rose Busby

15. Birthplace Jackson County Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer F. Morris
(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 5/26/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Geo. Parr
(b) Address Thayer, Mo.

19. (a) 6-15-45 (b) Geo. W. Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1945 hour 3 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 26 1945
that I last saw him alive on May 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (6 months)

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 Geo. Parr (M. D. or other) _____
Address Thayer, Mo. Date signed 6-12-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

15-1-0

RECEIVED

District Health Officer No. 5,

District File Number

745-338

Date Filed

7/16/45

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.....

Licensed Embalmer No.....

P.O. Address.....

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.