V. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

32208

State File No. 8711

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo Baptist Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 1/2 month (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln 54

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

(d) Street No. North 5th (If rural, give location) NR

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

If yes, name country

3. (a) PRINT FULL NAME Minnie L. Morris

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F 1

5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

6. (b) Name of husband or wife Ed

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

7. Birth date of deceased Sept (Month) 8 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	29	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Clem B Lindsay
13. Birthplace St Paul (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Margaret E Harvey
15. Birthplace Lincoln Co (City, town, or county) Mo (State or foreign country)

16. (a) Informant Dr C B Lindsay

(b) Address Elsberry

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct 9 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation Elsberry Star Hope Cem.

18. (a) Signature of funeral director W D Bradley

(b) Address Elsberry

19. (a) OCT 9 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7th year 1945 hour 2 minute 27 P.M.

21. I hereby certify that I attended the deceased from 9-1-45, 19, to 10/7-45, 19; that I last saw her alive on 10-7-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Tubular Pneumonia Terminal

Due to Doctors Hosp. R

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) ~~April 1945~~

(b) Date of occurrence April 1945

(c) Where did injury occur? Home (City or town) (County) (State) 000

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? No (e) Means of injury Fall 9-45

23. Signature R K Cannon (M. D. or other)

Address 4932 Morgan Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 W D Bradley

Licensed Embalmer No. 3966

P. O. Address Elsberry

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.