S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34202

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 38

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town East Prairie Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Residence (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 66 yrs.

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

3. (a) PRINT FULL NAME JERRY MORRIS
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Morris
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Oct (Month) 10 (Day) 1865 (Year)
8. AGE: Years 79 Months 11 Days 7 If less than one day hr. min.
9. Birthplace Nasock Co. (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name James Morris
FATHER 13. Birthplace Nasock Co. (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Mary Morris
(b) Address East Prairie Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 19, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo
19. (a) 10-2-45 (Date received local registrar) (b) Gertrude G. Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1945 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 6, 1938, to Sept 17, 1945, that I last saw him alive on Sept 16, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis — Duration
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 George W. Whitaker, MD (M. D. or other)
Address East Prairie Mo Date signed 9/25/45

1620 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 1045-3633
Date Filed 10-10-45

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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.