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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 17 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34433

Registration District No. 295 Primary Registration District No. 4442 Registrar's No. 32

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Higbee (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 20 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Higbee (If outside city or town limits, write "RURAL")
(d) Street No. none (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA NORA MORRIS
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ike Morris
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March-10-1855 (Month) (Day) (Year)

8. AGE: Years 90 Months 6 Days 13 If less than one day hr. min.

9. Birthplace Sturgeon (City, town, or county) MO (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Robb
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Jane Ketchum
15. Birthplace Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. James Ballantine
(b) Address Higbee MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Higbee MO.
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly MO.
19. (a) 9/27-1945 (Date received local registrar) (b) Mrs. D. A. Barnhart (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd year 1945 hour 1 minute 30 P.M.
21. I hereby certify that I attended the deceased from May 1944 to Sept 21 1945 that I last saw her alive on Sept 21 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Anemia Valvular Heart	2 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 9 2d	

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 J. W. Kinn (M. D. ~~or other~~) 45
Address Higbee MO Date signed 9/25

1400 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-45-1536
Date Filed OCT 16 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 ..... Registered Apprentice No. ..... working under my personal supervision.

Signed R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.