No. 2
1-10-39
1-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37867

Registration District No. 201 Primary Registration District No. 4314 Registrar's No.

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Atlanta Mo
(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 years, months or days) In this community: All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Macon
(c) City or town: Atlanta
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

8. (a) PRINT FULL NAME: Virgie Morris
8. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Herbert Morris
6. (c) Age of husband or wife if alive: Dead years
7. Birth date of deceased: July (Month) 14 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	13	hr. min.

9. Birthplace: Macon Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: House keeping for
11. Industry or business: self
FATHER 12. Name: Benjamin Phillips
FATHER 13. Birthplace: Ohio (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Nancy J White
MOTHER 15. Birthplace: Ill (City, town, or county) (State or foreign country)
16. (a) Informant: Ester Wells
(b) Address: Anabel Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Zion Cemetery
18. (a) Signature of funeral director: Hornbuckling
(b) Address: Atlanta Mo
19. (a) Dec 3-45 (Date received local registrar) (b) Mrs O L Griffin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27 year 1945 hour 11 minute 30 a.m.
21. I hereby certify that I attended the deceased from Nov 21, 1933, to Nov 27, 1945, that I last saw her alive on Nov 27, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular disease of heart — 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: G C Lyde (M. D. or other)
Address: Atlanta Mo Date signed 11-30-45

1659 (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

Theo. H. Goodwin, Registered Apprentice No.

working under my personal supervision.

Signed H M Goodwin

Licensed Embalmer No. 175-D

P. O. Address Atlanta M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.