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ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 28 1945

State File No. 38298

Registration District No. ~~3056~~ 1294 Primary Registration District No. ~~294~~ 3056 Registrar's No. 200

1. PLACE OF DEATH:

(a) County RANDOLPH

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

(c) Name of hospital or institution: WABASH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 WEEKS (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CHARITON

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME EARL C. MORRIS

3. (b) If veteran, name war 1ST WORLD WAR

3. (c) Social Security No. 496-01-8576

4. Sex MALE

5. Color or race COL

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 MARCH (Month) 12 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
48	7	4	..... hr. ..... min.

9. Birthplace BRUNSWICK (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation RAIL ROAD WORK

11. Industry or business SECTION LABORER

FATHER
12. Name JOS. MORRIS
13. Birthplace BRUNSWICK (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name CORNELIA MOREHEAD
15. Birthplace TRIPLETT (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant GUS. MORRIS

(b) Address BRUNSWICK MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-18-45 (Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK MO

18. (a) Signature of funeral director L. Moeisel

(b) Address BRUNSWICK MO

19. (a) Oct 18-45 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16 year 45 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from 7/31/45 ....., 19..., to 10/16/45, 19...; that I last saw him alive on 10/16/45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pancreas with metastasis to Liver

Due to .....

Due to .....

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

Duration: about 3 years

Major findings:
Of operations 9-1-45 Inoperable C.A. of Pancreas
Of autopsy none made

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 Erich F. Ebert M.D. (House Surgeon) (M.D. or other)

Address Wabash Hospital Moberly Mo Date signed 10/16/45

1601

(Licensed Embalmer's Statement on Reverse Side)

JAN 16 1946

DEC 1 1945

JAN 7 1946

RECEIVED
District Health Officer No. 10
District File Number 11-45-1673
Date Filed NOV 2 3 1945

MAY 20 1946

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 L W Weisel

Licensed Embalmer No. 823

P. O. Address Brunswick 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.