

No. 2
1-2-43
5-17-39
1 X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **5019**

FILED FEB 19 1946

Registration District No. **77**

Primary Registration District No. **3016**

Registrar's No. **35**

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

1. PLACE OF DEATH:
 (a) County Cole
 (b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Marys Hospital
(If not in hospital or institution, write street number & location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Harry William Morland
 (b) If veteran, name war _____ (c) Social Security No. _____

20. DATE OF DEATH: Month 2 day 6
 year 1946 hour 8 minute A. M.
21. I hereby certify that I attended the deceased from 2-5
1946 to 2-6 1946
 that I last saw him alive on 2-6- 1946
 and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** White (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

Immediate cause of death Prematurity (7 mos)
 Due to Premature Birth
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

7. Birth date of deceased: Feb. 4 1946
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Child

11. Industry or business _____
MOTHER FATHER
12. Name Harry H. Morland
13. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Wilma Michael
15. Birthplace Wills Point Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Harry Morland
(b) Address Wolf Summit Mo.
17. (a) Burial, cremation, or removal Burial (b) Date thereof 2-5-46
(Month) (Day) (Year)
(c) Place: burial or cremation Longview

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 _____

18. (a) Signature of funeral director James Lewis
(b) Address 200 Jefferson
19. (a) 2-9-46 (b) R. B. Derris Mo.
(Date received local registrar) (Registrar's signature)

23. Signature R. B. Derris (M. D. or other) M.D.
Address Jefferson City, Mo. **Date signed** 2/8/46

Emman

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed.....

2-18-46

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.....

Licensed Embalmer No.....

P. O. Address.....

Body was not embalmed.

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.