

FILED MAR 27 1946 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 220

1. PLACE OF DEATH

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mary E. Wilson Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Years  
In this community 75 Years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(If outside city or town limits, write "RURAL")  
(d) Street No. 924 N. Main  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Ida Morris

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Kirk Morris 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Nov. 20, 1865  
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 15 If less than one day hr. min.

9. Birthplace Fair Grove Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Wm. H. Pipkin

13. Birthplace UNK Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Christina Hoover

15. Birthplace UNK Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Nrs. Forrest Nichols  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 3/7/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer  
(b) Address Springfield, Mo.

19. (a) 3-6-46 (b) S. W. Handy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1946 hour 7 minute 15a. M.

21. I hereby certify that I attended the deceased from 1 Nov 45  
to 4 Mar 46, 1945 to 4 Mar, 1946  
that I last saw her alive on 4 Mar 46, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
Duration \_\_\_\_\_

Due to Cardio-Vascular-Respiratory  
diseases - Chronic

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 131w  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. F. Elkins (M. D. or other) \_\_\_\_\_  
Address Med. Arts Bldg. Springfield Date signed 5 years 46

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

8024

**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.....

*Roy H. Mercer*

Registered Apprentice No. *380*

working under my personal supervision.

Signed.....

*Walter E. Hamella*

Licensed Embalmer No. *3805*

P. O. Address *Springfield 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.**

X