No. 2
5-43
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13628

FILED MAY 7 1946

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 65

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

12534

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 day (Specify whether
In this community 44 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 813 So. Madison 2
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY ELIZABETH MORRIS
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F. 1
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 24 (Day) 1875 (Year)

8. AGE: Years 70 Months 7 Days 25 If less than one day hr. min.

9. Birthplace Green County (City, town, or county) MO. (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name James Anderson
13. Birthplace NO DATA (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name NO DATA
15. Birthplace " (City, town, or county) (State or foreign country) 9
16. (a) Informant D.C. MORRIS;
(b) Address 813 S. MADISON. WEBB CITY, MO
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 22 (Day) 46 (Year)
(c) Place: burial or cremation Ozark Memorial
18. (a) Signature of funeral director Hedge Lewis
(b) Address Webb City MO
19. (a) APR. 19; 46 (Date received local registrar) (b) P. L. Gritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 19
year 1946 hour 3 minute 35 A.M.
21. I hereby certify that I attended the deceased from 4-16, 1945, to 4-19, 1946
that I last saw her alive on 4-19, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage of Brain	
Due to Fracture of skull	
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) accident 49
(b) Date of occurrence 4-16-46
(c) Where did injury occur? Webb City (City or town) Jasper (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature M. E. Slaughter (M.D. or other) M.D.
Address Webb City MO Date signed 4/19/46

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(Licensed Embalmer's Statement on Reverse Side)

46 - 4 - 318

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. Richard Gray Lewis

Licensed Embalmer No. 4403

P. O. Address. Webb City, 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.