

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 22 1948
Registration District No. 156

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17013
Registrar's No. _____

Primary Registration District No. 2001

15894
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution:
615 St Louis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 11 Years
years, months or days

3. (a) PRINT FULL NAME Barnay Howard Morris
3. (b) If veteran, name war No. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Amanda 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb 25 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 2 13 hr. _____ min.

9. Birthplace Ottawa Co Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business blacksmith
12. Name Yeager Morris
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Cylstia Hancock
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Amanda Morris
(b) Address 615 St Louis Ave

17. (a) burial (b) Date thereof Apr 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem.

18. (a) Signature of funeral director Thorhill Dillon
(b) Address Joplin, Missouri

19. (a) 4-12-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")
(d) Street No. 615 St Louis Ave 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8
year 1946 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from _____ 19____
Did not attend
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 30 min
Due to _____
Duration _____

Due to Dr. Defecto
Other conditions (Include pregnancy within 3 months of death) Dr. Defecto
Major findings: Investigation 946
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 2
23. Signature Dr. Ralph E. Smith (M. D. or other) [Signature]
Address 2114 Jasper, Joplin Date signed 4-8-48

46-4-392

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..... *H. Lynn White*

Licensed Embalmer No. *4240*

P. O. Address *Joplin, 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.