

FILED JUN 7 1946

Registration District No. 256

Primary Registration District No. 4352

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community Lifetime
years, months or days

3. (a) PRINT FULL NAME WILLIAM RICHARD MORRIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Bonnie Sparks 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased June 16, 1892
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Morris
13. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Susan M. Hughes
15. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm Morris
(b) Address Versailles, Missouri

17. (a) Burial (b) Date thereof May 10th-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Glensted, Mo.

18. (a) Signature of funeral director W. J. Tidwell

(b) Address Versailles, Mo.

19. (a) 5-8-46 (b) J. L. Ashburn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan 7/

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

(d) Street No. _____ (If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day May
year 1946 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 36, 1946, to 5-8-46, 1946,
that I last saw him alive on 5-7, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Intercurisng

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy 13h

Duration

4hrs

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 J. L. Ashburn (M. D. or other) MD

Address Versailles, Mo Date signed 5/8/46

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

16357

RECEIVED

District Health Officer No. 7,

District File Number 5-46-55-2

Date Filed 6-6-46

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....
Gene G. Hartman

Licensed Embalmer No. 4021

P. O. Address VERSAILLES, 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.