

FILED MAY 21 1946
273
Registration District No.

Primary Registration District No. 5919

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Saline Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Marys R.I.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

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

(d) Street No. St. Marys R.I.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Morris Seth Morey

3. (b) If veteran, name war.....

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Apr day 27
year 1946 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1945
27 1946 to Apr 27 1946
that I last saw him alive on Apr 21 1946
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Maggie Berg

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 5, 1871
(Month) (Day) (Year)

Immediate cause of death Cornary Strabocaco

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death).....

8. AGE: Years 74 Months 11 Days 17
If less than one day..... hr..... min.

9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired Farmer

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name Hazard Morey

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Fenwick

15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Morey

(b) Address St. Marys, R.I.

17. (a) Burial Date thereof 4-24-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Ray Funeral Home

(b) Address Perryville Mo.

19. (a) April 24 '46 (Date received local registrar)

Joe J. Zochner (Registrar signature)

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 Paul H. Bailey (M. D. certifying)
Address Perryville Mo. Date signed May 46

RECEIVED

District Health Officer No. 4
District File Number 546-2152
Date Filed 5-20-46

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. 3866

P. O. Address Perryville, 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.