

**FILED JUN 24 1946 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

19863
Do not use this space.

1. PLACE OF DEATH
 (a) County COOPER Registration District No. 84
 (b) Township LEBANON Primary Registration District No. 5318
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME THOMAS A MORNEY
 (a) Residence, No. BUCKETON MO St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE COLORED 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF THOMAS A MORNEY
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 23 - 1874
 7. AGE YEARS 71 MONTHS 8 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
 9. Industry or business in which work was done, as saw mill, bank, etc. FARM
 10. Date deceased last worked at this occupation (month and year) MAY 1946 11. Total time (years, months, and days) spent in this occupation MOST OF LIFE
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BUCKETON MO
 13. NAME JERRY MORNEY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER MO
 15. MAIDEN NAME CELIA HILL
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COOPER MO
 17. INFORMANT (ADDRESS) MRS TOM MORNEY BUCKETON MO
 18. BURIAL, CREMATION, OR REMOVAL PLACE LEBANON DATE 6-12-46
 19. FUNERAL DIRECTOR (ADDRESS) Jessie E. Richard TIPTON MO
 20. FILED June 12 1946 Kellie Thellett Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 8 1946
 22. I HEREBY CERTIFY, That I attended deceased from JUNE 1, 1946 to JUNE 8, 1946. I last saw him live on JUNE 8, 1946. Death is said to have occurred on the date stated above, at 9A m. The principal cause of death and related causes of importance were as follows:
BRONCHO PNEUMONIA
CHRONIC Prostatitis 4 1/2
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? 101 Was there an autopsy? _____
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) A. R. Meredith, M. D.
 (Address) Beaver House Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1874

RECEIVED

6-17-66

STATEMENT BY LICENSED EMBALMER

I, Jessie E. Richards, Licensed Embalmer No. 2466
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. _____

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.)