

S. No. 2  
M-8-43  
7-5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19890

State File No. \_\_\_\_\_

Registrar's No. 52

**FILED** JUL 8 1946  
Registration District No. 99

Primary Registration District No. 4168

1. PLACE OF DEATH:

(a) County DEKALB

(b) City or town MAYSVILLE  
(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 THREE YEARS years, months or days)

3. (a) PRINT FULL NAME THOMAS JEFFERSON MORRIS

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

4. Sex MALE 5. Color or race W

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

6. (b) Name of husband or wife ETTA MAY MORRIS 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased AUGUST 26 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>9</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace LAPLATA MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation PAINTER

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name UNKNOWN

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant MRS FAYE THOMAS  
(b) Address MAYSVILLE MO

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 6/27-46  
(Month) (Day) (Year)

(c) Place: burial of OAKLAND CEM. MOBERLY MO.

18. (a) Signature of funeral director RILCHER FUNERAL HOME

(b) Address MAYSVILLE MO

19. (a) 6/26-46 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County DEKALB

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25  
year 1946 hour 2 minute \_\_\_\_\_ PM M.

21. I hereby certify that I attended the deceased from June 22, 1946 to June 25, 1946  
that I last saw him alive on June 25, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage (3rd stroke) Duration 4 days

Due to Hypertension

Due to arteriosclerosis

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy [Signature]

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) (i) Means of injury \_\_\_\_\_

23. Signature [Signature] (D. or other) \_\_\_\_\_  
Address MAYSVILLE MO Date signed 6/26/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
1876A

**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

*[Handwritten Signature]*

Licensed Embalmer No. *3960*

P. O. *Mayfield 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.**