

**FILED** AUG 9 1946

Registration District No. **24**

Primary Registration District No. **5372**

**1. PLACE OF DEATH:**

(a) County **Dekalb**  
(b) City or town **Rural, Adams**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Two months all his life**  
In this community **all his life**  
years, months or days

**3. (a) PRINT FULL NAME** **Ruth Lemon Morris**

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

4. Sex **F**  
5. Color or race **W**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive **11** years  
7. Birth date of deceased **November 11 1864**  
(Month) (Day) (Year)

8. AGE: Years **81** Months **8** Days **3**  
If less than one day  
hr. min.

9. Birthplace **Daviess County**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House keeper**

11. Industry or business

12. Name **Edward Wood**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret Hancok**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Hugh P. Rooney**  
(b) Address **R. B. Weatherby, Mo**

17. (a) **Burial** (b) Date thereof **July 16 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Christain Chapel**

18. (a) Signature of funeral director **Mrs Kate Shoup**

(b) Address **Winston, Mo**

19. (a) **7-30-46** (b) **Rose D. Darden**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Daviess**  
(c) City or town **Winston, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1**  
(If rural, give location)  
(e) Citizen of foreign country? **(Yes or No)**  
If yes, name country.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **14**  
year **1946** hour **11:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Nov 1944**  
to **July 14th 1946**  
that I last saw h. **er** alive on **July 13th 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage.**  
Duration **2 days**

Due to **Hypertension. Arteriosclerosis.** **Several months.**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **1/3**  
Of autopsy **1/3**  
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) (c) Means of injury  
23. Signature **James H. Williams** (M. D. or other)  
Address **Winston, Mo.** Date signed **7/15/46**

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

SEP 19 1945

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

Licensed Embalmer No.

P. O. Address

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.