S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 20 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26605

State File No.

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 64

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
207 E Mississippi St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Liberty 2
(If outside city or town limits, write "RURAL")

(d) Street No. 207 E Mississippi St. 1
(If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME John James Morris

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Betty Jane Sheaves

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

7. Birth date of deceased Sept. (Month) 20 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	10	16	hr. min.

9. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Alfred Morris
13. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Ann Ware
15. Birthplace Howard Co. (City, town, or county) Mo (State or foreign country)

16. (a) Informant J. A. Robb

(b) Address 207 E Miss. St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 6, 1946 (Month) (Day) (Year)

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

18. (a) Signature of funeral director O. J. Carden Jr

(b) Address Liberty, Mo.

19. (a) Aug 6, 1946 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
year 1946 hour 9 minute 39 P.M.

21. I hereby certify that I attended the deceased from June 1, 1942 to Aug 5, 1946, that I last saw him alive on Aug 4, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 yrs.
Due to Hypertension	10 yrs.
Due to Terminal Uremic poisoning	3 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 83	

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?
(Specify type of place)

While at work? (e) Means of injury 11

23. Signature N. R. Schuhmacher (M. D. or other) M.D.

Address Liberty Mo Date signed 8-6-46

164

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-17-76

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 O J Davidson Jr

Licensed Embalmer No. 3934

P. O. Address Liberty, 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.