

S. No. 2  
DM-5-43  
7. 5-17-39  
I X36671

**FILED** SEP. 3 1946  
Registration District No. **107**

Primary Registration District No. **30795422**

Registrar's No. **157**

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

**1. PLACE OF DEATH:**

(a) County **Dunklin**  
 (b) City or town **Kennett Rural**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution **Dunklin County Jail 5**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 Days**  
 Specify whether

In this community **Dunklin**  
 years, months or days

**3. (a) PRINT FULL NAME** **James Morris**

**3. (b) If veteran,** name war \_\_\_\_\_ **3. (c) Social Security** No. **220**

**4. Sex** **M** **5. Color or race** **W**

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

**7. Birth date of deceased** **Oct 8 1865**  
 (Month) (Day) (Year)

**8. AGE:** Years **80** Months **10** Days **9** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Unknown** **U**  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** **Unknown**

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

**12. Name** **James B. Morris** **9**

**13. Birthplace** **Unknown** **U**  
 (City, town, or county) (State or foreign country)

**14. Maiden name** **Unknown**

**15. Birthplace** **Unknown** **U**  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** **J. O. Hall**

**(b) Address** **Kennett Rural**

**17. (a) Burial** **(b) Date thereof** **8-19-46**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** **W. O. W. Cemetery**

**18. (a) Signature of funeral director** **Charles Hubbs**  
**(b) Address** **East Poplar, Mo.**

**19. (a) 8-17-46** **(b) East Hubbs**  
 (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo** (b) County **Dunklin 35**  
 (c) City or town **Kennett Rural 0**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **Dunklin County Jail 0**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **8** day **17**  
 year **1946** hour **3** minute **15** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusions** Duration \_\_\_\_\_

Due to **Hypertention**

Due to \_\_\_\_\_

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

**Major findings:** **940**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

**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) (e) Means of injury **3**

**23. Signature** **Walter G. Hubbs**  
**Address** **Kennett Mo** Date signed **8-17-46**

RECEIVED

District Health Office No. 2,

District File Number 846-100

Date Filed 8-26-46

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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.....

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.**