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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 313

FILED OCT 16 1946

Registration District No. 316 Primary Registration District No. 3061

1. PLACE OF DEATH:  
(a) County St. Francois  
(b) City or town Flat River, Mo.  
(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 \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME WILLIAM SHERMAN MORRIS  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Cauc. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Luella Morris 6. (c) Age of husband or wife if alive --- years  
7. Birth date of deceased Feb. 19, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 7 24 hr. \_\_\_\_\_ min.

9. Birthplace Mt. Vernon Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business -----

MOTHER FATHER {  
12. Name Isaac Morris  
13. Birthplace Indton  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Albright  
15. Birthplace Ind  
(City, town, or county) (State or foreign country)

16. (a) Informant Stanley Morris  
(b) Address Flat River, Missouri

17. (a) Burial (b) Date thereof Oct-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodawn Cemetery

18. (a) Signature of funeral director Sparks Funeral Home

(b) Address 300 Taylor-Flat River, Mo

19. (a) 10-8-46 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Francois  
(c) City or town Flat River, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5th  
year 1946 hour 10:40 minute \_\_\_\_\_ P.M.  
21. I hereby certify that I attended the deceased from Sept 23, 1946, to Oct 5, 1946  
that I last saw him alive on Oct 5, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration  
Lobar pneumonia 3 days  
Due to Cerebral Hemorrhage 13 days

Due to Arterio-sclerosis yes

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
108  
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 \_\_\_\_\_

23. Signature J. W. Ziesman (M. D. or other)  
Address Flat River, Mo. Date signed 10/8/46

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

33402

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RECEIVED

District Health Officer No. 4  
District File Number 1046-2750  
Date Filed 10-14-46

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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 Murphy L Sparks  
Licensed Embalmer No. 4236  
P. O. Address Flat River 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.**