

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41230**
Registrar's No. **240**

FILED JAN 14 1947

Registration District No. **184**

Primary Registration District No. **3038**

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Bradfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institutions
319 E. Clark Bradfield
(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 mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Adair
(c) City or town Kirksville
(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 _____

3. (a) PRINT Full Name William Owen Morris
(b) If veteran, name war 720
3. (c) Social Security No. 720

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26
year 1946 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from 12-9
1946, to 12-26, 1946
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 25 1851
(Month) (Day) (Year)

Immediate cause of death Senility
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 160 B
Of autopsy _____

8. AGE: Years 95 Months 8 Days 1
If less than one day _____ hr. _____ min.

9. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer-retired
11. Industry or business _____
12. Name James Henry Morris
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Burgess
15. Birthplace White Mountain
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Blanche Carter
(b) Address 13 roose field Mo
17. (a) Burial (b) Date thereof 12-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Owasa Cem.
18. (a) Signature of general director Henry E. Kern & Son
(b) Address Green City Mo
19. (a) 12-29-46 (b) Walter Brown
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(c) 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 Joseph B. Bink (M. D. or other) _____
Address Bradfield Mo. Date signed 12-27-46

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

40042

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(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City 7

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.