

FILED JAN 23 1947

Registration District No. **128** Primary Registration District No. **5465**

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

1. PLACE OF DEATH:

(a) County **GREENE**

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

(c) Name of hospital or institution:
Springfield R. W. Higgins
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **40 Years** (Specify whether years, months or days)

In this community **40 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Springfield, R.F.D. # 6**
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME **CHARLES HURSHEL MORRIS**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color of race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gracia Morris** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **June 6, 1877**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **7th** year **1947** hour **7:30 P.M.** minute _____ M. _____

21. I hereby certify that I attended the deceased from **no physician in attendance**, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
69	7	1	hr. _____ min. _____

Immediate cause of death **Shock + hemorrhage**

Due to **Struck by automobile Pedestrian**

Due to _____

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

10. Usual occupation **Retired**

11. Industry or business **Farm**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **1906 8**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name **Martin C. Morris**

13. Birthplace **no record Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Frances E. Barber**

15. Birthplace **no record Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gracia Morris**

(b) Address **R.F.D. 6, Springfield, MO.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 10, 1947**
(Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn**

18. (a) Signature of funeral director **Fred C. Thoms**

(b) Address **Springfield, MO.**

19. (a) **1-8-47** (Date received local registrar) (b) **W. J. Handley MD** (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident** **39**

(b) Date of occurrence **Jan. 7, 1947**

(c) Where did injury occur? **Home**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Highway**

(e) While at work? **no** (Specify type of place) (f) Means of injury **Automobile**

23. Signature **W. J. Handley MD** (M. D. or other) **39**

Address **Springfield, MO.** Date signed **1-9-47**

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.....

Paepel H. Thien

Licensed Embalmer No..... 3681

P. O. Address..... Springfield, 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: