

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1947
128

THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4564**
Registrar's No. **139**

Registration District No. **128** Primary Registration District No. **2000**

1. PLACE OF DEATH:
(a) County **Greene**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Approx. 1 1/2 Hours**
(Specify whether
In this community **65 Years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Greene**
(c) City or town **Springfield**
(If outside city or town limits, write "RURAL")
(d) Street No. **1312 W. Florida St.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **JAMES ANDREW MORRIS**
3. (b) If veteran, name war **NONE** 3. (c) Social Security No. _____
4. Sex **male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Morris** 6. (c) Age of husband or wife if alive **62** years
7. Birth date of deceased **January 14, 1882**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **13th**
year **1947** hour **3:45 A.M.** minute _____ M.
21. I hereby certify that I attended the deceased from **January 19, 1946** to **February 12, 1947**
that I last saw him alive on **February 12, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive Heart failure**
Due to **Coronary Artery Disease**
Due to _____
Other conditions **Diabetes, Mellitus**
(Includes pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy **61**
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 **P. M. S. Kujner** (M. D. **0**) **M.D.**
Address **450 1/2 E. Commercial** Date signed **2-13-47**

8. AGE: Years Months Days If less than one day
65 **0** **29** hr. _____ min.
9. Birthplace **Springfield, Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Laborer**
11. Industry or business _____
12. Name **William S. Morris**
13. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia Webb**
15. Birthplace **Unknown Tennessee**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Mary Morris**
(b) Address **1312 W. Florida, Springfield, MO**
17. (a) **BURIAL** (b) Date thereof **Feb. 16, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **HAZELWOOD**
18. (a) Signature of funeral director **Fred U. Thieme**
(b) Address **Springfield, MO**
19. (a) **2-15-47** (b) **W. H. Hardy MD**
(Date received local registrar) (Registrar's signature)

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

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.....

Ralph H. Thieme

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.