

No. 2
1-5-43
5-17-39
I X36671

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4620**
Registrar's No. **15**

FILED MAR 6 1947

Registration District No. **1593** Primary Registration District No. **4205**

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

1. PLACE OF DEATH:

(a) County Harrison

(b) City or town Gilman City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community 36 years 20 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME LE'ROY MORRIS

3. (b) If veteran, yes name war World War I 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 Oliva Morris 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 13 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 20 If less than one day hr. _____ min.

9. Birthplace Gilman City, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Thomas A. Morris

13. Birthplace Edwardsville, Ill. (City, town, or county) (State or foreign country)

14. Maiden name Milbing Kern Middleton

15. Birthplace Gilman City, Mo. and Adair Co., Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Oliva Morris

(b) Address Gilman City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 4 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Gilman at a cemetery

18. (a) Signature of funeral director W. O. Harrison

(b) Address Gilman City, Mo.

19. (a) Feb 13-47 (Date received local registrar) (b) Zola Burris (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Harrison

(c) City or town Gilman City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan-19 1947, to Feb-2 1947 that I last saw him alive on Feb 2 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration 15 da
Carcinoma of lung of
with metastasis in
brain 3 mo

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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 2 DO

23. Signature J. D. Weeks (M. D. or other) DO

Address Gilman City, Mo. Date signed 2-6-47

APR 14 1947

APR 18 1947

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAR 6 1947

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.....

W.D. Haines

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....
W.D. Haines

Licensed Embalmer No. *942*

P.O. Address *St. Louis, 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.