

FILED MAR 5 15 1947

Registration District No. _____

Primary Registration District No. 4243

Registrar No. 1 19

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Neck City
(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 30 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Neck City
(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

LOUISA JANE MORRIS

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife JACK MORRIS

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June (Month)

21 (Day) 1915 (Year)

8. AGE:

Years 71 Months 7 Days 20

If less than one day
hr. _____ min. _____

9. Birthplace Jasper Co (City, town, or county)

MO (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Alexander Howard

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

14. Maiden name Elizabeth Baker

15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Jack Morris

(b) Address Neck City, Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb 14 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Mo

18. (a) Signature of funeral director Kneel Mortuary

(b) Address Carthage, Mo

19. (a) FEB-14; 47 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10 year 47 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 2-9-47 1947 to 2-10-47 1947
that I last saw he alive on 2-10-47 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure
Due to Apoplexy

Duration
8 hrs.
48 hrs.

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 3

23. Signature [Signature] (M. D. or other) D.O.
Address Alba, Mo. Date signed 2-11-47

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

MOTHER FATHER

47-2-113

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.....

Robert H. Knell, Registered Apprentice No. 406,
working under my personal supervision.

Signed Frank W. Knell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.