

FILED APR 18 1947

Registration District No. 88

Primary Registration District No. 4113

Registrar's No. ....

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

1. PLACE OF DEATH:

(a) County CHARITON

(b) City or town BRUNSWICK  
(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 \_\_\_\_\_ years, months or days (Specify whether)

3. (a) PRINT FULL NAME WM. HENRY MORRIS

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race COL 6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife NO WIFE 6. (c) Age of husband or wife if alive WIFE DEAD years

7. Birth date of deceased JUNE 25 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 7 25 hr. min.

9. Birthplace BRUNSWICK MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business ODD PAINTING JOBS.

MOTHER FATHER

12. Name THOMAS MORRIS 9

13. Birthplace DONT KNOW 9  
(City, town, or county) (State or foreign country)

14. Maiden name DONT KNOW 9

15. Birthplace DONT KNOW 9  
(City, town, or county) (State or foreign country)

16. (a) Informant W. MORRIS

(b) Address BRUNSWICK MO

17. (a) BURIAL (b) Date thereof 2-23-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BRUNSWICK MO

18. (a) Signature of funeral director W. MORRIS

(b) Address BRUNSWICK MO

19. (a) 3-5-47 (b) Mildred Boone  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 21

(a) State MISSOURI (b) County CHARITON

(c) City or town BRUNSWICK 1  
(If outside city or town limits, write "RURAL.") 0

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 20 1947 year 1947 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Feb 14 1947 to Feb 20 1947 that I last saw him alive on Feb. 16 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive heart failure Duration 6 hrs

Due to Hypertension 10 yrs

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) W.D. Strain, M.D.

Major findings: Of operations \_\_\_\_\_

Of autopsy 93E

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 10

23. Signature W.D. Strain, M.D. (M. D. or other)

Address Brunswick, Mo. Date signed 2/22/47

RECEIVED

District Health Officer No. 81

District File Number.....

Date Filed 4-17-47

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 L. Maesel

Licensed Embalmer No. 823

P. O. Address Brunswick, N.C.

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.