

FILED APR 21 1947

Registration District No. **371**

Primary Registration District No. **6262**

Registrar's No. **933**

1. PLACE OF DEATH:
 (a) County **Webster**
 (b) City or town **Rural - W. Dallas township**
(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... **x** (Specify whether
 In this community... **life** years, months or days)

3. (a) PRINT FULL NAME **Albert Sterling Morris**
 3. (b) If veteran, name war... **x**
 3. (c) Social Security No... **x**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **married**
 6. (b) Name of husband or wife **Julia Morris** 6. (c) Age of husband or wife if alive... **81** years
 7. Birth date of deceased **November - 29 - 1861**
(Month) (Day) (Year)

8. AGE: Years **85** Months **3** Days **24** If less than one day **x** hr. **x** min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **James Morris**

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

14. Maiden name **Eliza Barnwell**

15. Birthplace **N. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wirt Morris, son**

(b) Address **Marshfield, Mo.**

17. (a) **Burial** (b) Date thereof **3-29-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt Olive**

18. (a) Signature of funeral director **Ray Lantry**

(b) Address **Marshfield, Missouri**

19. (a) **Apr 7 - 1947** (b) **Lester M. Wood**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Webster** // 2
 (c) City or town **Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **W. Dallas township**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country... **x**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **23**
 year **1947** hour **12** minute **30** **PM**

21. I hereby certify that I attended the deceased from **2-22** 19**47** to **3-23** 19**47**
 that I last saw him alive on **3-20** 19**47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration

Due to **Arteriosclerosis**

Due to **Bleeding**

Other conditions **Peripheral Arteriosclerosis of lt leg.**
(Include pregnancy within 3 months of death)

Major findings: **49A**
 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?
(Specify type of place) (e) Means of injury

23. Signature **Ray Blinn** (M. D. or other) **D.O.**

Address **Marshfield, Mo.** Date signed **3/24/47**

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

12
00

RECEIVED

District Health Officer No. **6**,

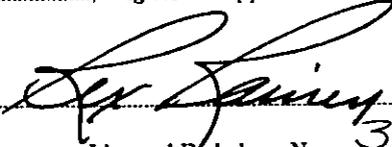
District File Number **447-403**

Date Filed **APR 16 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... 

Licensed Embalmer No. **3312**

P. O. Address **Marshfield, 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.