

FILED JUN 5 1947

Registration District No. 23

Primary Registration District No. 4037

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Bates  
(b) City or town Foster  
(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 \_\_\_\_\_  
In this community 63 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates  
(c) City or town Foster  
(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 Lavender Jemay Morhouse

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced D

6. (b) Name of husband or wife Marquaret Myrtle Walls 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 28 1866  
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Kingston, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

12. Name John Jonathan Morhouse

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

14. Maiden name UNKNOWN

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

16. (a) Informant Louis Morhouse

(b) Address Foster, Mo.

17. (a) Burial (b) Date thereof 5-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Salon Cemetery

18. (a) Signature of funeral director Booth

(b) Address Rich Hill, Mo.

19. (a) May 7 1947 (b) Sam H. Martin  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 2  
year 1947 hour 3 minute 45A.M.

21. I hereby certify that I attended the deceased from June 11th  
1945 to May 2 1947

that I last saw him alive on May 2nd 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Respiratory Failure

Due to Lobar Pneumonia

Due to Emphysema

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

23. Signature T.R. McBee (M. D. or other) DO

Address Rich Hill MO Date signed 5-3-47

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

RECEIVED  
District Health Officer No. 2  
5-47-67  
District File Number 6-3-47  
Date Filed

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.....

*Harold M. Day* Registered Apprentice No. 410  
working under my personal supervision.

Signed *John H. Greenwood*  
Licensed Embalmer No. 3585  
P. O. Address Butler Ave

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.