

S. No. 2
M-5-43
v. 5-17-39
I X36671

Registration District No. **72**

Primary Registration District No. **4134**

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:
Smithville Community Hospital
(If not in hospital or institution, write street number of location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay **24**

(c) City or town Smithville **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country NONE

3. (a) PRINT FULL NAME Ronald Gibbert Morris

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from April 17, 1947, to April 17, 1947
that I last saw him alive on April 17, 1947
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 17 1947
(Month) (Day) (Year)

Immediate cause of death Premature Infant.

Due to _____

Due to _____

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>0</u>	<u>4</u> hr. <u>30</u> min.

9. Birthplace Smithville Missouri
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Harold G. Morris **0**

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

14. Maiden name Wanda H. Deardorff

15. Birthplace Platte County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant Harold G. Morris

(b) Address Smithville Mo.

17. (a) Burial **(b) Date thereof** Apr. 18, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithville, Mo.

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? **0**

18. (a) Signature of funeral director McComas Funeral Home

(b) Address Smithville Missouri

19. (a) Apr 18-47 **(b)** Beverly Ritchey
(Date received local registrar) (Registrar's signature) **13**

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature [Signature] (M. D. or other) **MD**

Address Smithville, Mo. **Date signed** 4-18-47

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

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 5-7-17

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 _____

working under my personal supervision.

*Was Not
Embalmed*

*Was Not
Embalmed*

*Was Not
Embalmed*

Registered Apprentice No. _____

Signed _____

Oscar Rogers

Licensed Embalmer No. 3940

P. O. Address _____

Smithville, 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.