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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1947

Registration District No. 46

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4063

State File No. 33824

Registrar's No.

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Hamilton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Kingston St. XXX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XXX (Specify whether
In this community 63 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell
(c) City or town Hamilton
(If outside city or town limits, write "RURAL")
(d) Street No. Kingston St.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Franklin Eugene Morris

3. (b) If veteran, name war XXX

3. (c) Social Security No. XXX

4. Male

5. Color or White

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

6. (b) Name of husband or wife Elsie D. Morris

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

7. Birth date of deceased Sept. (Month) 9th. (Day) 1884 (Year)

8. AGE: Years	Months	Days	If less than one day
63	1	7	XX hr. XXX min.

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

10. Usual occupation Farming

11. Industry or business Stock raising

FATHER
12. Name Frank Morris
13. Birthplace Mirable (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary L. Dodge
15. Birthplace Mirable (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Elsie D. Morris
(b) Address Hamilton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 19, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem. Hamilton, Mo.

18. (a) Signature of funeral director Bram Funeral Home
(b) Address Hamilton, Mo.

19. October 18th. 1947 (Date received local registrar) Gladys Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16th. year 1947 hour minute M.

21. I hereby certify that I attended the deceased from Aug. 1, 1947, to Oct. 16, 1947; that I last saw him alive on Oct. 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Embolism	2 hrs.
Due to Carcinoma of Head of Pancreas.	9 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Inoperable Carcinoma of Pancreas. Metastasis to Right Lung & abdominal Lymph glands.
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)
While at work? (e) Means of injury

23. Signature Herbert R. Booth (M. D. or other) M.D.
Address Hamilton Mo Date signed 10/18/47

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1948

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 R. Lester Bram, Registered Apprentice No. 456, working under my personal supervision.

Signed R. L. Bram

Licensed Embalmer No. 2052

P. O. Address Hamilton, 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.