. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 87

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5098

State File No. 7772

Registrar's No. 38

1. PLACE OF DEATH:
(a) County: Bates — Summitt Twp.
(b) City or town: Rural - R.F.D. #1
(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 years, months or days)
In this community: -----

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Bates
(c) City or town: R.F.D. #1 Butler, Mo.
(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: Peter Wade Morse
3. (b) If veteran, name war: ----
3. (c) Social Security No.: -----
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife: ----
6. (c) Age of husband or wife if alive: ------ years
7. Birth date of deceased: April (Month) 26 (Day) 1876 (Year)
8. AGE: Years 71 | Months 11 | Days 1 | If less than one day ..... hr. ..... min.
9. Birthplace: Walnut Twp. (City, town, or county) (Bates Co.) Missouri (State or foreign country)
10. Usual occupation: Retired Farmer
11. Industry or business: -----

FATHER
12. Name: Peter Young Morse
13. Birthplace: ------ (City, town, or country) Penn. (State or foreign country)

MOTHER
14. Maiden name: Nancy Ward
15. Birthplace: ----- (City, town, or county) New York (State or foreign country)

16. (a) Informant: Frank Morse
(b) Address: Foster, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Salem Cemetery
18. (a) Signature of funeral director: Culver-Underwood
(b) Address: Butler, Missouri
19. (a) 3-30-48 (Date received local registrar) (b) Kendall Kersey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1948 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from dead approx. 36 hrs., 19..., to ..., 19...; that I last saw h... alive on Dead on arrival, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Due to: General Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: no	

PHYSICIAN — Underline the cause of 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: Found at home
(c) Where did injury occur? No signs of violence (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: Coroner
23. Signature: John D. Underwood (M. D. or other)
Address: Butler, Mo. Date signed: 3-29-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-365
Date Filed 4-10-48

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 Robert G. Steinbeck, Registered Apprentice No. 200, working under my personal supervision.

Signed John G. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.