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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1948

Registration District No. 15

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4138

8221

State File No.

Registrar's No. 4

1. PLACE OF DEATH:

(a) County CLINTON

(b) City or town LATHROP
(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
In this community 56 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

(c) City or town Lathrop 2
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME NEVA MYRTLE MORSE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife BOYD MORSE

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July (Month) 5 (Day) 1891 (Year)

8. AGE: Years 56 Months 8 Days 12 If less than one day hr. min.

9. Birthplace Clinton (~~City, town, or~~ county) Mo (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Marcus Lafayette Tipton
13. Birthplace Clay (~~City, town,~~ or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Lilly Mae Hubbard
15. Birthplace Clinton (~~City, town, or~~ county) Mo 0 (State or foreign country)

16. (a) Informant Boyd Morse
(b) Address Lathrop, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation LATHROP. MO

18. (a) Signature of funeral director DeMOSS CRUNK.
(b) Address CAMERON. MO.

19. (a) 3-25-48 (Date received local registrar) (b) Winifred W. Moser (Registrar's signature) 390

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 17
year 1948 hour 9 minute 40 M.

21. I hereby certify that I attended the deceased from Mar-14 48
~~xMarx19x~~, 19 Mar-17- 48, 19 ;
that I last saw her alive on Mar-14-48, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Haemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature E. B. Duckeson (M. D. ~~or other~~)
Address Lathrop Mo Date signed 3-19-48

(Licensed Embalmer's Statement on Reverse Side)

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 Harold L. Walker, Registered Apprentice No. 21 working under my personal supervision.

Signed Lee Moss Funeral

Licensed Embalmer No. 2833

P. O. Address Cameron - Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.