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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9721

Registration District No. 276 Primary Registration District No. 5947 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural Lt James Township
(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 9 mo

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town Rural
(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 Judie F Morland
3. (b) If veteran name war V
3. (c) Social Security No. V
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced D Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) — 13 (Day) — 1947 (Year)
8. AGE: Years | Months 9 | Days 23 | If less than one day hr. min.
9. Birthplace Lt James (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name Wm D Morland Jr
13. Birthplace Maries Co (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Grace Weaver
15. Birthplace Ill (City, town, or county) (State or foreign country)
16. (a) Informant Wm Morland
(b) Address Lt James Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Flat Spring Cem
18. (a) Signature of funeral director Dell E Lickliter
(b) Address Lt James Mo
19. (a) Mar 13 48 (Date received local registrar) Dora E. Birmingham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6 year 1948 hour 3 minute 30 P. M.
21. I hereby certify that I attended the deceased from February 20, 1948, to March 6, 1948, that I last saw her alive on March 6, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	8 days
Due to Influenza, Pyuria	10 days
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 0
Of autopsy 0

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 C V Hannler (M. D. or other)
Address St James Mo Date signed 3-8-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
Court [illegible]
3-18-48

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Cecil E Licklick

Licensed Embalmer No. 3546

P. O. Address Lt Jamie 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.