S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11655

Registration District No. 43 | Primary Registration District No. 3007 | Registrar's No. 140

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Poplar Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hospital 0
(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: Life Time

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler 12
(c) City or town: R-R. 3 — 0
(If outside city or town limits, write "RURAL")
(d) Street No.: 1 mile North on Wappapello Road 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country: ____

3. (a) PRINT FULL NAME: Flossie Idisa Morris
3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Female 1 | 5. Color or race: W | 6. (a) Single, widowed, married, divorced: Married 1
6. (b) Name of husband or wife: Harry | 6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: Jan. 21, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50	2	24	hr. ____ min.

9. Birthplace: Dunklin County, Mo. 0 (City, town, or county) (State or foreign country)
10. Usual occupation: ____
11. Industry or business: House-wife
FATHER 12. Name: James W. Saddler
13. Birthplace: ____ Tennessee 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Emiline Drew
15. Birthplace: ____ Missouri 1 (City, town, or county) (State or foreign country)
16. (a) Informant: Harry Morris
(b) Address: R-3 — Poplar Bluff, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Brown Chapel — Butler Co. Mo
18. (a) Signature of funeral director: Frank Cotrell
(b) Address: Poplar Bluff, Mo.
19. (a) 4-28-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15 year 1948 hour 5:43 minute A. M.
21. I hereby certify that I attended the deceased from Mar. 27, 1948 to Apr. 15, 1948, that I last saw her alive on April 15, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute coleocystitis	
Due to: chronic catarrhal coleocystitis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: 127

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: W. L. Brandon (M. D. or Coroner)
Address: Poplar Bluff, Mo. Date signed: 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-576
Date Filed 5-5-48

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 John M. Davies, Registered Apprentice No. 487, working under my personal supervision.

Signed Scott A. Cotrell

Licensed Embalmer No. 3567

P. O. Address Poplar Bluff, 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.