

FILED MAY 19 1948

Registration District No. 275

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5938

State File No. 17167

Registrar's No. 85

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Arlington Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(If outside city or town limits, write "RURAL")
(d) Street No. 108 South Oak
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Archie Eugene Morris

3. (b) If veteran, name war -- 3. (c) Social Security No. 495-12-2563

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Ethel Dodds Morris 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased February 17, 1910
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 2 27 hr. min.

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

10. Usual occupation Shoe worker

11. Industry or business Shoe Factory

12. Name Archie T. Morris

13. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Eads

15. Birthplace Dixon Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Morris

(b) Address 108 S. Oak, Rolla, Missouri

17. (a) Burial (b) Date thereof May 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dixon, Missouri

18. (a) Signature of funeral director Smith-Hollow

(b) Address Rolla, Missouri

19. (a) 5-18-48 (b) Nadine L. Staal
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1948 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 5-14
....., 1948 to 5-14....., 1948
that I last saw him alive on 5-14....., 1948
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Pulmonary Embolism 30 min.

Due to.....

Due to.....

Other conditions Appendectomy 10 days prior
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?
.....

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature E. E. Feind (M. D. or other).....

Address Rolla mo. Date signed 5-17-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

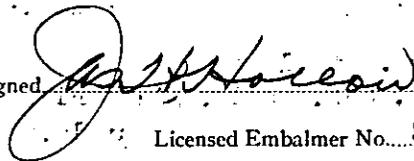
MOTHER FATHER

MAY 19 1948

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

Signed



Licensed Embalmer No. 3643

P. O. Address. Rolla, Missouri

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.