

FILED JUL 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2B535

Registration District No. 192

Primary Registration District No. 4308

Registrar's No. 25

1. PLACE OF DEATH:

(a) County McDonald
 (b) City or town Noel, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 40 Yrs (Specify whether years, months or days)

3. (a) PRINT

FULL NAME Josie A. Morris

3. (b) If veteran,

3. (c) Social Security

name war --No. --

4. Sex Female 5. Color or race W
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Charles Morris 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased February 22 1871
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 3 26
 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Same

MOTHER, FATHER { 12. Name Joseph Kistler
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)
 14. Maiden name Mriah Merrill
 15. Birthplace Not Known
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. J. K. Morris

(b) Address Neosho, Missouri

17. (a) Burial (b) Date thereof June 21 -48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City, Missouri

18. (a) Signature of funeral director Wm Morris

(b) Address Wheaton, Missouri

19. (a) 7-7-48 (b) Virginia Bush
 (Date received local registrar) (Registrar's signature) 297

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60
 (c) City or town Noel, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 17
 year 1948 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from June
 1948, to June 17 1948
 that I last saw alive on June 17 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis

Duration

Due to chronic myocarditis 8 yrs

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations AP

Of autopsy

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? 2
 (Specify type of place) (e) Means of injury _____
 While at work? _____
 23. Signature S.D. Fountain (M. D. or other) MD
 Address Noel, MO Date signed June 24

RECEIVED
District Health Officer No. 6,
District File Number 248-280
Date Filed JUL 15 1945

AUG 12 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 Wm Morris Payne
Licensed Embalmer No. 3442
P. O. Address Wheaton, Md

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.