

No. 300
-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25850
Registrar's No. 75

FILED SEP 15 1948

Registration District No. 73

Primary Registration District No. 5840

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

1. PLACE OF DEATH:

(a) County Dade
 (b) City or town Rural South Greenfield comm.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2 1/2 mi. West of Pennsboro, Mo.
 (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 _____
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
 (c) City or town Rural South Greenfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2 1/2 Mi. West of Pennsboro
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME BAILY MORRIS
 (b) If veteran, name war _____
 (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
 year 1948 hour 1 minute 30pm.

4. Sex Male 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Margaret Elizabeth
 (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased July 12-1893
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 1948 to Sept 1, 1948
 that I last saw him alive on Sept 1, 1948
 and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 1 Days 19
 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary occlusion Duration 8 hrs.
 Due to Coronary sclerosis
Hypertensive Cardio-
vascular disease

9. Birthplace Dade Co., Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

Other conditions Cerebral hemorrhage 4 mos. ago.
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name James Monroe Morris
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane McNeice
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
9/1/48

16. (a) Informant Emma Lee Morris
 (b) Address Kansas City, Missouri
 17. (a) Burial (b) Date thereof 9/4/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Greenfield, Mo.
 18. (a) Signature of funeral director J. L. Lewis
 (b) Address Aurora, Missouri
 19. (a) 9-6-48 (b) Mrs. L. West
 (Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature A. R. Cain M.D. (M. D. or other)
 Address Greenfield Date signed 9/4/48

NOV 22 1949

RECEIVED

District Health Officer No. 6;

District File Number 948-1054

Date Filed SEP 13 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.....

Joe N. King, Registered Apprentice No. 94
working under my personal supervision.

Signed *Joe N. King*
Licensed Embalmer No. 3529

P. O. Address..... Aurora, 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.