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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 23 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30397

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 300

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1606 Gordon
(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: 6 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No.: 1606 Gordon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ray Pearson Morris
3. (b) If veteran, name war
3. (c) Social Security No. 487-18-4415
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Mar
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: June (Month) 11 (Day) 1888 (Year)

8. AGE: Years 60 Months 3 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace: California (City, town, or county) (State or foreign country)
10. Usual occupation: Painter
11. Industry or business: Decorating
MOTHER FATHER
12. Name: John Morris
13. Birthplace: California (City, town, or county) (State or foreign country)
14. Maiden name: Mary Locker Rice
15. Birthplace: Kell County Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: John Morris
(b) Address: Vandalia Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Vandalia Missouri
18. (a) Signature of funeral director: W. S. Water
(b) Address: Vandalia Missouri
19. (a) 9-20-48 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 19 year 1948 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from July 1948 to Sept 1948 that I last saw him alive on 9/19 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Insufficiency — Duration: 1 mo.
Due to: Uremia — 1 mo.
Due to: Chronic Glomerulonephritis — 2 yrs.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
J. A. Lanella M.D.
12/13

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: J. A. Lanella M.D. (M. D. or other)
Address: 1607 Broadway Date signed 9/20/48

(Licensed Embalmer's Statement on Reverse Side)

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 William B Waters

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. OCA

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 300

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ray P. Morris MORRIS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Vir

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased June 11 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

20. DATE OF DEATH: Month Sept 19
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

5-30397