

FILED DEC 13 1948

Registration District No. _____

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **GREENE**
(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Springfield Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 DAYS** (Specify whether
In this community **7 DAYS** years, months or days)

3. (a) PRINT FULL NAME **MARGARETT MORRIS**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **JOHN P MORRIS** 6. (c) Age of husband or wife if alive **93** years

7. Birth date of deceased **DECEMBER 5 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	11	26	hr. min.

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

10. Usual occupation **HOUSEWIFE**

11. Industry or business _____

MOTHER FATHER {
12. Name **JESSE KING**
13. Birthplace **NOT KNOWN** (City, town, or county) (State or foreign country)
14. Maiden name **NOT KNOWN**
15. Birthplace **NOT KNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **CHESTER MORRIS**

(b) Address **R 1, MARIONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **12/3/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MARIONVILLE MO.**

18. (a) Signature of funeral director **J.B. Surridge**

(b) Address **MARIONVILLE MO.**

19. (a) **12-5-48** (b) **W. F. Handley**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LAWRENCE**
(c) City or town **RURAL BUCKPRAIRIE TOWNSHIP**
(If outside city or town limits, write "RURAL")
(d) Street No. **R.F.D. # 1 MARIONVILLE MO.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **1**
year **1948** hour **8** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **1946** to **Dec 1 1948**
that I last saw him **ER** alive on **Nov - 24 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
Duration **1 day**
Due to **Hypertension**
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **1860**
Of autopsy **14**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **accident**
(a) Accident, suicide, or homicide (specify) **slipped fracture**
(b) Date of occurrence **9 1/2 hrs AM 11-24-48**
(c) Where did injury occur? **Marionville - Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
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While at work? **no** (Specify type of place) (c) Means of injury **fall**

23. Signature **D. P. Copeland** (M. D. or other) **✓**
Address **Marionville, Mo** Date signed **12-2-48**

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

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.....

William J. Fulkes

....., Registered Apprentice No. *29-*

working under my personal supervision.

Signed.....

Herman Durrie

Licensed Embalmer No. *5072*

P. O. Address.....

Marionville

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.