

No. 300
-10-47
9-17-39
PI 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36294**

FILED NOV 29 1948
Registration District No. **L29**

Primary Registration District No. **5339**

Registrar's No. **100**

1. PLACE OF DEATH:

(a) County **Holt**
(b) City or town **Fortescue-Rural**
(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.....
In this community **Lifetime**
years, months or days) **0** (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Holt**
(c) City or town **Fortescue-Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **William Henry Morris**

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

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

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

7. Birth date of deceased **March 3 1876**
(Month) (Day) (Year)

8. AGE: Years **72** Months **7** Days **21** If less than one day hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business **F**

12. Name **Joseph Morris**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Phoebe L. Morris**

15. Birthplace **Holt County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Charles Morris**

(b) Address **Oregon, Missouri**

17. (a) **Burial** (b) Date thereof **Nov 15 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baldwin Cem. Wagonville Mo**

18. (a) Signature of funeral director **James Pettigrew**

(b) Address **Oregon Mo**

19. (a) **11-16-48** (b) **J. Morris**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **12**
year **48** hour minute **5 P.M.**
(APPROX.)

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

Immediate cause of death..... Duration
UNKNOWN

Due to **FOUND DEAD IN COW BARN ON HIS FARM. HE PRESUMABLY**

Due to **DIED OF SOME HEART AILMENT.**
D.I.E.C.

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?.....

While at work?..... (Specify type of place) (e) Means of injury **2**

23. Signature **Dr. H. E. Callin** (M.D. or other) **D.O.**

Address **Oregon Mo** Date signed **Nov. 15 48**

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

14
0
0

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

James H. Pittijohn

Licensed Embalmer No. *3192*

P. O. Address. *Oregon Mo*

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.