

FILED DEC 31 1948

Registration District No. 169

Primary Registration District No. 4262

State File No. ....

Registrar's No. 310

1. PLACE OF DEATH:  
(a) County Knox  
(b) City or town Knox City Mo.  
(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 60 Da  
In this community 60 Da  
years, months or days (Specify whether)

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

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 26  
year 1948 hour 5 minute 9 P.M.

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: 3 years 1875  
7. Birth date of deceased: April 3 1875  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1947, to Dec 14 1948, that I last saw him alive on Dec 16 1948, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 8 13  
hr. min.

Immediate cause of death: Cornary occlusion Duration 15 min

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

Due to Arterio-sclerotic Cardiovascular Disease 3 yrs  
Due to .....

10. Usual occupation Banker

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

11. Industry or business: .....

12. Name George Guthrie Morris  
13. Birthplace Darke Co. Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Rutter  
15. Birthplace Tiger Fork Twn. Mo.  
(City, town, or county) (State or foreign country)

Major findings: 937  
Of operations: .....  
Of autopsy: .....  
PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Mable Klothler  
(b) Address Newark Mo.

17. (a) Burial (b) Date thereof Dec 20 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Burial or cremation: Newark Mo.

18. (a) Signature of funeral director Seeger & Walter  
(b) Address Knox City Mo

19. (a) Dec-18-48 (b) W. H. S. Russell  
(Date received local registrar) (Registrar's signature)

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? .....

23. Signature David M. Russell, D. O.  
Address La Belle, Mo. Date signed 12/18/48

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

13

RECEIVED

District Health Officer No. 10

District File Number 12-48-2212

Date Filed DEC 29 1912

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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 Charles Solter.....

Licensed Embalmer No. 684.....

P. O. Address Wm. C. Kelly - 700.....

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.