

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18251

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 97	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> 97			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> 2			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>746 West Blvd</u>				d. STREET ADDRESS (If rural, give location) <u>764 West Blvd</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) <u>Savles</u> c. (Last) <u>Morris</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14th, 49</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED; NEVER MARRIED, WIDOWED; DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 1872</u>	9. AGE (in years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>14</u>	IF UNDER 24 HRS. Hours <u>--</u> Min. <u>--</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Saline County, Missouri</u> U		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Blakey</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Morris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William Morris Marshall, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Curtis-Russell Disease</u> ANTECEDENT CAUSES: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  <u>442X</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-10, 1949</u> , to <u>5-14, 1949</u> , that I last saw the deceased alive on <u>5-14, 1949</u> , and that death occurred at <u>3P</u> hrs., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L. ...</u>				23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>5-15-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May, 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 17-1949</u>		REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> 385		25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS <u>Green and Sons Marshall, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 23 RECD

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-25-47

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed George H. Leonard

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 7220

P. O. Address W. Washburn, 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.