

FILED NOV 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 37971

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 209 **PRIMARY REG. DIST. NO.** 3043 **Registrar's No.** 379

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Marion</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1024 S Arch St</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1024 S Arch St</u>		d. STREET ADDRESS (If rural, give location) <u>1024 S Arch St</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Morris</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 1 1949</u>
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>Caucasoid</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 15, 1870</u>
<b>9. AGE</b> (In years last birthday) <u>79</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Labor</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Hannibal, Mo.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
<b>13a. FATHER'S NAME</b> <u>William Morris</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Barba Bell</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ada</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Ada Morris</u> <b>ADDRESS</b> <u>Hannibal</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Thrombosis</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute Nephritis</u> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) - (Day) (Year) (Hour) - m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>Sept 16, 1949</u> , to <u>Nov 1, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:42</u> m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>W. A. Fox</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>Hannibal, Mo.</u>	<b>23c. DATE SIGNED</b> <u>11-10-49</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11-5-49</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Baptist Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Hannibal, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>11-10-49</u>	<b>REGISTRAR'S SIGNATURE</b> <u>W. M. Lucas</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>James O'Donnell</u> <b>ADDRESS</b> <u>Hannibal, Mo.</u>	

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

for  
64  
1-3

RECORDED NOV 22 1949.  
HEALTH DEPT.  
DATE FILED NOV 20 1949

**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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*M. J. O'Donnell*

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.