

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25386

State File No.

Registrar's No. 42

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

X3287

FILED AUG 11 1943

Registration District No. 171

Primary Registration District No. 5638

1. PLACE OF DEATH:

(a) Count Lafayette
(b) City or town Bates City Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5 mi South Sni. - A - Bu 7
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 40 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alice Lucy Morris

3. (b) If veteran, name war..... No.....
3. (c) Social Security

4. Sex F m 5. Color or race W 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Sept 23 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Retired Housewife

11. Industry or business Wray
12. Name Mo
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Robinson
15. Birthplace Jackson Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lilla Winter
(b) Address Bates City Mo
17. (a) Burial (b) Date thereof 7-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo
18. (a) Signature of funeral director Mrs G B Witherson
(b) Address Oak Grove Mo
19. (a) July 6-1943 (b) Mrs W F Baker
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Bates City Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 mi South
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1943 hour 12:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 4, 1943
to July 4, 1943
that I last saw her alive on July 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 30 min.
arteriosclerosis not known

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

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) Means of injury or
23. Signature K B Baker (M. D. or other) DO.
Address Oak Grove, Mo. Date signed 7/5/43

1157

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-10-43

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

Licensed Embalmer No. 2353

P. O. Address Blue Springs, 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.