

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

56

AUG 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26126
Do not use this space.

1. PLACE OF DEATH
 (a) County Lewis Registration District No. 480
 (b) Township Union Primary Registration District No. 5645
 (c) City Maywood (d) Street No. _____ Registered No. 12
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
600 (If death occurred in Hospital or Institution, write its name instead of street and number)
 2. PRINT FULL NAME Joseph Rice Morey
 (a) Residence, No. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Ann Morey
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1861
 7. AGE YEARS 77 MONTHS 8 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939
 22. I HEREBY CERTIFY That I attended deceased from MARCH 13, 1939 to JULY 31, 1939
 I last saw him alive on JULY 27, 1939. Death is said to have occurred on the date stated above, at 1:03 P.M.
 The principal cause of death and related causes of importance were as follows:
URAEMLIA
 Date of onset 12/1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uma Del. 1.
 FATHER
 13. NAME John H. Morey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) pa. 7
 MOTHER
 15. MAIDEN NAME Ann E. Smith
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Randall Morey
 (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE Aug 2, 1939
 19. FUNERAL DIRECTOR A. N. Chambers
 (ADDRESS) Maywood, Mo.
 20. FILED AUG 1, 1939 W. F. Elley
 Local Registrar

Other contributory causes of importance:
CHRONIC NEPHRITIS
ARTERIO-SCLEROSIS

Name of operation _____ Date of _____
 What test confirmed diagnosis? CLINICAL Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? NO
 If so, specify _____
 (Signed) W. F. Elley, M. D.
 (Address) Maywood, Mo.
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RECEIVED

District Health Officer No. 10

District File Number 8-39-1495

Date Filed AUG 18 1939

STATEMENT BY LICENSED EMBALMER

I, A. H. Chambers, Licensed Embalmer No. 3766

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed A. H. Chambers

Licensed Embalmer No. 3766

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.)