

Registration District No. 668

Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia, Missouri  
(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 \_\_\_\_\_  
In this community Three years (Specify whether years, months or days) \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Eleanora I. Morse

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alsa Taylor Morse 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 12, 1863  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Van Etten, New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Randall Richar

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Armenia Richards

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ben Robinson

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof May 10, 1940  
(Burial, cremation, or removal) (City or town) (County) (State) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Duane Ewing

(b) Address Sedalia, Mo

19. (a) 5/10/40 (b) Mrs. Harry Sued  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits write "RURAL")  
(d) Street No. 578 W 2nd  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
year 1940 hour 13 minute 40 P.M.

21. I hereby certify that I attended the deceased from May 8 - 1940 to May 8 - 1940  
that I last saw her alive on May 8 - 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Emboli

Due to Atherosclerosis

Due to History Cardiovascular

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 95%  
Of operations \_\_\_\_\_

Of autopsy new

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? \_\_\_\_\_

95%  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Edward E. Morrow (M. D. or other) \_\_\_\_\_

Address 111 W 4th Sedalia, Mo Date signed 5-10-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

80  
4  
4

FILED JUN 13 1940

RECEIVED  
District Health Officer No. 8;  
District File Number 6-14-40  
Date Filed

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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 Quane Ewing  
Licensed Embalmer No. 3847  
P. O. Address Sedalia 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, above space should be left blank.**