

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUL 15 1940

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

21445
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 137
 (b) Township Hurricane, Primary Registration District No. 5795
 or Hale, RFD.
 (c) City Hale, RFD. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 9

2. PRINT FULL NAME

670 George Thomas Morris,
 (a) Residence, No. Hale Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed, (Use the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nora L. Morris,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27th, 1854.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 8 XX

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer,
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Seffield England, (STATE OR COUNTRY) 6

FATHER 13. NAME James Morris, 1
England, 6
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dobt Know, 1
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Harvy H. Morris,
 (ADDRESS) Hale, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hurricane, DATE 6/28/1940,

19. FUNERAL DIRECTOR (NAME) Clifford W. Austin,
 (ADDRESS) Tina, Mo.

20. FILED 6 28 1940 WPK Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1940

22. I HEREBY CERTIFY, that I attended deceased from June 5, 1940, to June 27, 1940
 last saw him alive on June 26, 1940 Death is said to have occurred on the date stated above, at 4:20 m.
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis
Senile Dementia

Other contributory causes of importance: 97

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) WPK, M. D.
132 (Address) Hale Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-3-40

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.....

Clifford W. Austin, Registered Apprentice No.....
working under my personal supervision.

Signed .....
Licensed Embalmer No. #3233.

P. O. Address.....

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.