No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4741

State File No.

FILED FEB 18 1941

Registration District No. 887 Primary Registration District No. 6179 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Mineral Point, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bailor Tr
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution " (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Wash. 110
(c) City or town Mineral Point, Mo. R.R. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Albert W. Morris
3. (b) If veteran, name war No.
3. (c) Social Security No. No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Ella Morris
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July (Month) 22 (Day) 1865 (Year)

8. AGE: Years 75 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Wythe (City, town, or county) / Virginia (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Wm. Morris
13. Birthplace (City, town, or county) / Virginia (State or foreign country)
14. Maiden name Malinda Harrold
15. Birthplace (City, town, or county) / Virginia (State or foreign country)
16. (a) Informant Malinda Taylor
(b) Address Leadwood, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 26 41 (Month) (Day) (Year)
(c) Place: burial or cremation Hopewell, Mo.
18. (a) Signature of funeral director J. B. Boyer
(b) Address 808
19. (a) Jan 2 41 (Date received local registrar) (b) G F Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st. day 24th.
year 1941 hour 8 minute A M.
21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on Dr G.F. Cresswell, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Right side broken
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G F Cresswell (M. D. or other) 0
Address Potosi Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.