DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6803

Registration District No. 254 — Primary Registration District No. 5355 — Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Daviess

(b) City or town ~~Rural R.F.D #4~~ Benton
(If outside city or town limits, write "RURAL" and name of township)

(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 ____ (Specify whether years, months or days)
In this community 8I Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Daviess 31

(c) City or town Rural, R.F.D # 4 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 William Jesse Morris

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

4. Sex M — 5. Color or race W — 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Mary R.Morris (Deceased) — 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Sept (Month) I7 (Day) I859 (Year)

8. AGE: Years 8I — Months 4 — Days I5 — If less than one day ____ hr. ____ min.

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

10. Usual occupation Farmer

11. Industry or business ____

FATHER
12. Name Daniel J.Morris
13. Birthplace ____ (City, town, or county) Virg (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth McMillan
15. Birthplace ____ (City, town, or county) Virg (State or foreign country)

16. (a) Informant Mrs Elsie Marshall
(b) Address Pattonsburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 (Month) 4 (Day) 41 (Year)
(c) Place: burial or cremation IOOT

18. (a) Signature of funeral director G S Gromer
(b) Address Pattonsburg, Mo.

19. (a) 2-3-41 (Date received local registrar) (b) G S Gromer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year I94I hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 8th Feb 2nd, 1941, to Feb nd I94I, 19__; that I last saw him alive on Feb 2 I94I, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Lobar Pneumonia Fever

Due to ____

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 Frank Hedges (M. D. ~~or other~~) 0
Address Pattonsburg Date signed 2/3-41

(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 G S Gromer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg, 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.