

STANDARD CERTIFICATE OF DEATH

10380

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

APR 15 1941

APR 15 1941

1941

4114

1. PLACE OF DEATH:

(a) County Clark  
(b) City or town Luray  
(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 1 (Specify whether  
In this community \_\_\_\_\_ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clark  
(c) City or town Luray  
(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. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME May Morrison

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 married

6. (b) Name of husband or wife Ed Morrison 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Aug. 4, 1869  
(Month) (Day) (Year)

8. AGE: Years 71 Months 6 Days 24 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation hairdressing

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

MOTHER { 12. Name Jack Mae  
13. Birthplace Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah E. Coombs

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

16. (a) Informant Ed Morrison

(b) Address Luray Mo.

17. (a) burial (b) Date of Feb. 28, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coombs Co.

18. (a) Signature of funeral director Jutting, Inc.

(b) Address Luray Mo.

19. March 29, 1941 Clis L. Shultz  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1941 hour 9 minute 20 P.M.

21. I hereby certify that I attended the deceased from May 1936  
to Feb 25, 1941, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on Feb 25, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature Lawrence E. Love (Print name or other) \_\_\_\_\_

Address Luray Mo Date signed March

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

0099

RECEIVED

District Health Officer No. 10

District File Number 4-41-657

Date Filed APR 10 1941

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.....

Feb. 25 - 1941

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Olis L. Luttinger*

Licensed Embalmer No. 2965

P. O. Address Lurray, 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.