

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED OCT 27 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34194

Registrar's No. 154

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Audrain  
 (b) City or town Mexico, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 308 Wash Love St  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 10 years  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain  
 (c) City or town Mexico  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 508 W. LOVE  
 (If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 15  
 year 1941 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from before the  
body and was satisfied that  
that I last saw her alive on from natural \_\_\_\_\_, 19  
and that death occurred on the date and hour stated above.  
 Immediate cause of death: Cancer Duration ✓

Due to Cancer

Due to 2002

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? \_\_\_\_\_

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

23. Signature Ed Shawan, Acting Coroner (M.D. or other)  
 Address Mexico Mo. Date signed 9-16-41

3. (a) PRINT FULL NAME Maude Foree

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

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

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

7. Birth date of deceased Oct. 3, 1873  
 (Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace McCreadie, Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation retired

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

MOTHER FATHER

12. Name Wm. H. Morris  
 13. Birthplace Calloway county Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Kate Walters  
 15. Birthplace Calloway County Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Blanche Berger

(b) Address St. Louis, Missouri

17. (a) Burial (b) Date thereof 9/17/41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty (Calloway County)

18. (a) Signature of funeral director Geo. Amundson

(b) Address Mexico, Missouri

19. (a) Sept. 16-1941 (b) Blanche Neely  
 (Date received local registrar) (Registrar's signature)

2 J (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 10-41-1929

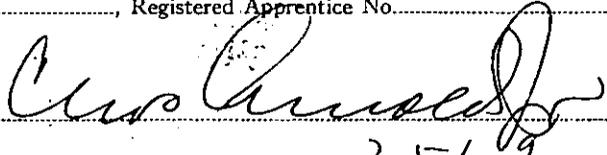
Date Filed OCT 24 1941

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.....

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

working under my personal supervision.

Signed 

Licensed Embalmer No. 3569

P. O. Address Myrtle, 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.**