S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34987

FILED NOV 7 1941

Registration District No. 944

Primary Registration District No. S447-B

Registrar's No. 59

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town S. Jackson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route # 2 Strafford, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 68 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Route # 2 Strafford, Mo. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Mrs. Emma Morris

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James Morris

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Jan. (Month) 22 (Day) 1873 (Year)

8. AGE: Years 68 Months 9 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name Louis A. Newton
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Louise Martin
15. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

16. (a) Informant W.N. Simmons

(b) Address Route # 2 Strafford, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) Oct-28-41 (Date received local registrar) (b) Harry Grier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1941 hour 7 minute 15 p.M.

21. I hereby certify that I attended the deceased from Oct. 20 1941 to Oct. 25 1941 that I last saw her alive on Oct. 25 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

830

Major findings:
Of operations No
Of autopsy No

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 R. H. Focht (M. D. or other) MD.

Address Strafford Mo Date signed 10/28/41

737 (Licensed Embalmer's Statement on Reverse Side)

FILED
County Health Office
County File Number 41-11-100
Date Filed 11/6/41

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 L. Doolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.