

No. 2
-1-4-41
5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42431
Registrar's No. 166

FILED JAN 22 1941
Registration District No. 308

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
26 Clay St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Lucy Ann Morris

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex 71 5. Color or race W

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

6. (b) Name of husband or wife Jasper J. Morris

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 2-1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 25

If less than one day — hr. — min.

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

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER

12. Name John Overstreet

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Marganda Martin

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

16. (a) Informant Alan Morris

(b) Address Lucerne, Mo.

17. (a) Burial (b) Date thereof Dec 29, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lucerne, Mo.

18. (a) Signature of funeral director James D. Jordan

(b) Address Chillicothe, Mo.

19. (a) Dec 27 (b) LOUELLA CURRY
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Burtman

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

(d) Street No. near Lucerne, Mo.
(If rural, give location)

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

If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27 year 1941 hour 1 minute — A.M.

21. I hereby certify that I attended the deceased from Dec 15 to Dec 27 1941

that I last saw her alive on Dec 26 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration —

Due to Unknown

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? —

While at work (Specify type of place) (e) Means of injury —

23. Signature — (M. D. or other) —

Address Chillicothe, Mo. Date signed 12/27/41

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 Donald F. Gardner
Licensed Embalmer No. 4191
P. O. Address Chillicothe, 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.