

FILED DEC 9 1943

Registration District No. 988

Primary Registration District No. 5699

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Lillingston

(b) City or town Fairview town (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Fairview town (Rural)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____ (Specify whether)

In this community _____ years, months or days 3 1/2 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lillingston

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

(d) Street No. 404 Third St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Louisa Morris

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29
year 1943 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 28 to Nov 29, 1943
that I last saw her live on Nov 28 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased Jan - 11 - 1862
(Month) (Day) (Year)

Immediate cause of death apoplexy
Chronic Hypertension

Duration 24 hrs

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) g3a!

8. AGE: Years Months Days If less than one day

81 - 10 - 18 hr. _____ min.

9. Birthplace Plymouth Wis!
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

12. Name Fernan Metzner

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

14. Maiden name Augusta Dettelhorst

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

16. (a) Informant Arthur Morris

(b) Address 927 N. Maple St. Chillicothe Mo

17. (a) Burial (b) Date thereof 7-2-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem

18. (a) Signature of funeral director James Gordon

(b) Address Chillicothe Missouri

19. (a) Dec 1 1943 (b) Mrs. Wanda Fullerton
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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 P. J. Brennan (M. D. or _____)

Address Chillicothe Mo Date signed _____

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

59
0
0

59

2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

James D Gordon

Licensed Embalmer No. *1870*

P. O. Address. *Lehillicoth*

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.