

Registration District No. **10297**

Primary Registration District No. **3005**

Registrar's No. **209**

14
1/2

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

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 m 15 d (Specify whether years, months or days)

In this community 3 m 15 d

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll 14

(c) City or town Norborne 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Theodore Morse

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1944 hour 4-30 minute _____ a. M.

21. I hereby certify that I attended the deceased from 5-14-44 19. to 6-14- 19. 44
that I last saw him alive on 6-13-44 19. _____ and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Morse

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Apr 11 1865
(Month) (Day) (Year)

Immediate cause of death Myocarditis

Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 79 Months 2 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Sam Morse

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

14. Maiden name Reynolds

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

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof 6/14/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Norborne, Mo.

18. (a) Signature of funeral director Hallace Funeral Home
(Specify type of place)

(b) Address Fulton, Mo. B. L. Browning, Jr.

19. (a) 6-14-1944 (b) Joe M. ...
(Date received local registrar) (Registrar's signature)

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? _____ Means of injury _____

23. Signature George W. Keur (M. D. or other) MD

Address Fulton Mo. Date signed 6-14-44

RECEIVED

District Health Officer No. 9,

District File Number _____

Date Filed 7-19-44

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.