

1. PLACE OF DEATH  
(a) County CALLAWAY  
(b) City or town RURAL ANWARSS TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
In this community 6 MONTHS  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County CALLAWAY 14  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. PORTLAND, MO  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILFORD HENRY MORREY  
3. (b) If veteran, name war NO  
3. (c) Social Security No 430-24-1642

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 5  
year 1944 hour 12 minute 30 A.M.

4. Sex MALE 5. Color or race White  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CORA MORREY  
6. (c) Age of husband or wife if alive 1 years  
7. Birth date of deceased AUG 20 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 20, 1944 to Sept 26, 1944;  
that I last saw him alive on Sept. 26, 1944;  
and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 0 Days 14  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Abdominal Carcinoma  
Due to \_\_\_\_\_  
Due to 552  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_

9. Birthplace DK. (City, town, or county) (State or foreign country)  
10. Usual occupation FARMER

Major findings: Marked Ascites, Operation, paracentesis Abdominis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name G.W. MORREY  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name MARY BENSCHER  
15. Birthplace DK. (City, town, or county) (State or foreign country)

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 2  
23. Signature Lloyd E. Ketchum (M. D. or other) Doc.  
Address FULTON, MO. Date signed Oct. 2, 44

16. (a) Informant MRS. FRANK KUTZ  
(b) Address PORTLAND, MO  
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1944  
(Month) (Day) (Year)  
(c) Place: burial or cremation PORTLAND, MO  
18. (a) Signature of funeral director Wm. G. Maupin  
(b) Address 717 Court St. Fulton, Mo.  
19. (a) 10-7-44 (Date received local registrar) (b) Joan Monastchoff (Registrar's signature)

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

400

MAR 26 1953

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 11-17-44

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 Glen J. Mayan

Licensed Embalmer No. 29725

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.