

FILED AUG 14 1946
Registration District No. 343

Primary Registration District No. 6154

Registrar's No. 9

24825
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Woodward
(b) City or town Clines Island Beckham
(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 _____ (Specify whether _____)
In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stoddard
(c) City or town Clines Island, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LINDA SUE MORRIS
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
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 D
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased Jan 20 1946
(Month) (Day) (Year)

Immediate cause of death _____ **Duration** _____
Due to accidental smothering as shown on investigation
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years _____ Months 5 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace near Clines Island, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Exec Mo R. 2

11. Industry or business _____

MOTHER { 12. Name Lymond L. Morris
13. Birthplace Oran, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Harper
15. Birthplace Vernon, Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Morris
(b) Address Clines Island, Mo

17. (a) Burial (b) Date thereof July 29, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Stuff Hill Cemetery

18. (a) Signature of funeral director Walker Funeral Home
(b) Address Bloomfield, Missouri

19. (a) Aug 5 (b) Pat Hawley
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
10/16

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental smothering
(b) Date of occurrence July 28, 1946
(c) Where did injury occur Clines Island, Stoddard, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home on farm (Specify type of place)

23. Signature B. L. ... (If Director)
Address Beckham, Mo Date signed _____

24. While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. L. ... (If Director)
Address Beckham, Mo Date signed _____

RECEIVED

District Health Office No. 2,

District File Number 846-972

Date Filed 8-12-46

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.....

Licensed Embalmer No.....

P. O. Address.....

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.