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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6653  
Registrar's No. 1959

Registration District No. 318 Primary Registration District No. 1003

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

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

3. (a) PRINT FULL NAME Morris, William McKisley  
3. (b) If veteran, name war none  
3. (c) Social Security No. 702-14-6489

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Rose Kottkampe  
6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August 9, 1896  
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 16  
If less than one day hr. min.

9. Birthplace E. Carondelet, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation yard clerk

11. Industry or business Missouri Pacific Railroad

MOTHER FATHER

12. Name William Jefferson Morris

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

14. Maiden name Cynthia Elizabeth Simpson

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

16. (a) Informant Rose Morris

(b) Address E. Carondelet, Ill

17. (a) Removal (b) Date thereof Feb. 26, 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dupo, Illinois

18. (a) Signature of funeral director Hudd & Decker

(b) Address Dupo, Illinois

19. (a) FEB 26 1947 (b) J. F. Benedek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Illinois (b) County St. Clair 999  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. E. Carondelet, Illinois RFD #1  
(If rural, give location)  
Sugarloaf Township  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25  
year 1947 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Sept 6, 1946 to Feb 25, 1947  
that I last saw h. im alive on Feb 25, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum & metastases

Duration

1 1/2 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations Carcinoma of rectum  
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 Vincent H. Eisler, M.D.

Address Date signed 25 Feb 47

**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.....

**Body not embalmed**

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Harold A. Dasher*

Licensed Embalmer No.....

P. O. Address..... **Dupo, Illinois**.....

**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.**