

FILED APR 17 1947

Registration District No. 273

Primary Registration District No. 6016

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Armstrong--Rural
(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

3. (a) PRINT FULL NAME Robert E. Morris

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gracie Bell Morris 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 19 1886
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Morris 13. Birthplace Yates Missouri
{ 14. Maiden name Mattie Robb 15. Birthplace Armstrong Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Morris
(b) Address Clifton Hill, Missouri

17. (a) burial (b) Date thereof 3/30/1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clifton Hill, Missouri

18. (a) Signature of funeral director Paul T. Patton
(b) Address Humboldt, Mo

19. (a) Apr-12-1947 (b) Mrs. R.A. Bernhart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph 88
(c) City or town Armstrong---Rural 0
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1947 hour 8:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 16
1946 to March 26 1947
that I last saw him alive on March 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate gland Duration 16 months

Due to _____
Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy _____
51B

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 W.P. Alexander (M. D. or other) 0
Address Clifton Hill Mo Date signed 4/11/47

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

RECEIVED
District Health Officer No. 10
District File Number 42723
Date Filed APR 15 1947

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 Paul J. Patton

Licensed Embalmer No. 4095

P. O. Address Huntsville, N

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.