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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 29 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16322**

Registration District No. **375**

Primary Registration District No. **4551**

Registrar's No. **16**

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Mt. Grove Mt. Grove Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
At his home in Mt. Grove
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days)

In this community 72 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright **114**

(c) City or town Mt. grove
(If outside city or town limits, write "RURAL") **1**

(d) Street No. _____
(If rural, give location) **0**

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

3. (a) PRINT FULL NAME JAMES HARVY MOREFIELD

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex M. **O** 5. Color or race W.

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

6. (b) Name of husband or wife Emma Morefield

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased 10 20 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>14</u>	hr. min.

9. Birthplace Wright Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name Green Morefield

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

14. Maiden name Louisa Hughes

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

16. (a) Informant Mrs. Emma Morefield

(b) Address Mt. Grove Mo

17. (a) Burial (b) Date thereof 9 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coon Creek Cem.

18. (a) Signature of funeral director Gene E. Holden

(b) Address Hartsville, Mo

19. (a) 4-21-47 (b) G. B. Ames
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 47 hour 4:00 minute 45A M.

21. I hereby certify that I attended the deceased from Examined
from 4/3 1947, to _____, 19____;
that I last saw him alive on 4/3 1947
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral hemorrhage

Duration _____

Due to _____

Due to _____

Other conditions 83A
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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 R. A. Ryan (M. D. or other) _____

Address Mt. Grove Date signed 4/14-47

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~~.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Gene E. Hedren
Licensed Embalmer No. 3865
P. O. Address Hartsville, 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.