

Registration District No. 49

Primary Registration District No. 4170

1. PLACE OF DEATH:
DeKalb.
(a) County
(b) City or town Union Star
(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.
In this community 73 years, months or days

3. (a) PRINT FULL NAME William Reynolds Morris
(b) If veteran, name war No
(c) Social Security No. No

4. Sex Male 0
5. Color or race Cau
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Vermesha
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan 5 1857 (Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 24
If less than one day hr. min.

9. Birthplace Berrien Springs Mich. 1 (City, town, or county) (State or foreign country)

10. Usual occupation Contractor, papering Paint

11. Industry or business Same

MOTHER FATHER
12. Name Aaron P. Morris
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Rebecca Sales
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Aaron Morris
(b) Address Union Star Mo.

17. (a) Burial (b) Date thereof Nov. 1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director R. J. Taggart
(b) Address King City Mo.

19. (a) 11-10-47 (b) R. Davidson (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County DeKalb 32
(c) City or town Union Star 0 (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 10

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1947 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 31 1947 to 10-29 1947
that I last saw him alive on 10-28 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Edema 1 day
Duration

Due to Cardiac failure 3 wks.
Due to Hypertension & Arteriosclerosis 70 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 97
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 2
23. Signature W. H. Courbis (M. D. or other) 90
Address Union Star Mo. Date signed 11/15/47

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

001

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *R. G. Teggart*.....

Licensed Embalmer No. *23-63*.....

P. O. Address *King City 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.