S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 26 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 38912

Registration District No. 28 9

Primary Registration District No. 2043

Registrar's No. 386

1. PLACE OF DEATH:
(a) County: Marion
(b) City or town: Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 304a N. Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Marion 64
(c) City or town: Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 304a N Main St 4
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Joseph Cecil Morris
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Rolla
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: May (Month) 11th (Day) 1894 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 53 | 6 | 3 | ..... hr. ..... min. |

9. Birthplace: Laddonia (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation: Painter
11. Industry or business .....

MOTHER FATHER
12. Name: John Morris
13. Birthplace: Virg. (City, town, or county) (State or foreign country) 1
14. Maiden name: Amanda Slaughter
15. Birthplace: Missouri (City, town, or county) (State or foreign country) 0

16. (a) Informant: John Morris
(b) Address: 1110 Fustonave Hannibal Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Laddonia, Mo
18. (a) Signature of funeral director: James O'Donnell
(b) Address: Hannibal, Missouri
19. (a) 11-19-47 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: November day: 14 year: 1947 hour: ..... minute: 8 p.m.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Found dead in his room.
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

Duration

PHYSICIAN
Underline the cause of 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? ##### (Specify type of place)
While at work? ..... (e) Means of injury: 3
23. Signature: James O'Donnell (Coroner/Medical Examiner)
Address: Hannibalmo Date signed: 11-16-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

## 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 H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hannibal 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.