

FILED FEB 17 1948

Registration District No. 78

Primary Registration District No. 5283

Registrar's No. 12

1. PLACE OF DEATH

(a) County Black  
(b) City or town Rural Union Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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

Arthur W. Morris

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 13 1862  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Charles Morris  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Nancy Moseley  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Tommy Morris

(b) Address Williamstown Mo.

17. (a) Burial (b) Date thereof 2-6-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence Cemetery

18. (a) Signature of funeral director Fred Kaele

(b) Address Kahiba Mo.

19. (d) Feb 11 48 (e) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Black 23  
(b) City or town Rural 0  
(If outside city or town limits, write "RURAL")  
(c) Street No. Union Twp 0  
(If rural, give location)  
(d) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1948 hour 4 minute 10 P M.  
21. I hereby certify that I attended the deceased from Jan 31st  
1948 to Feb 8 1948  
that I last saw him alive on Feb 3 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_  
Cerebral Hemorrhage

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death): G3A

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 2

23. Signature Dr. C. E. Todd (M.D. or other) RD

Address Williamstown Mo Date signed 2/6/48

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

0. 2  
1. 3  
7. 39  
37823

RECEIVED

District Health Officer No.

District File Number 2-48-3

Date Filed FEB 16 1948

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kokiska 240

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.