

Filed DEC 7 1948 38
Registration District No. 38

Primary Registration District No. 300 5120

Registrar's No. 307

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Boone County Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Years
(Specify whether Lifetime)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. Route 6 - Boone County Infirmary
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES THOMAS MORRIS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Eliza Walton Morris

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased 1 - 24 - 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>9</u>	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name P.C. Morris

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

14. Maiden name Emecta Virginia Walton

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

16. (a) Informant R.W. Morris

(b) Address Route 2, Ashland, Mo.

17. (a) Burial Providence
(Burial, cremation, or removal)

(b) Date thereof 12-1-48
(Month) (Day) (Year)

18. (a) Signature of funeral director Paran Funeral Service
Columbia, Mo.

(b) Address _____

19. (a) 12-4-48 (Date received local registrar)

(b) Mrs. P.E. Palmer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3 year 1948 hour 7 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct 1 to Dec 3, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardiopathy

Due to fractured hip Oct 1, 1948

Other conditions (include pregnancy within 3 months of death) _____

Major findings: W of 10 in

Of operations _____

Of autopsy no autopsy

PHYSICIAN _____

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? _____ (g) Means of injury _____

23. Signature M. K. ... (M. D. or other) _____

Address Columbia, Mo. Date signed 12-4-48

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

RECEIVED

District Health Officer No. 9,

District File Number

DEC 6 1948

Date Filed

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: M. J. Whitwides

Licensed Embalmer No. 3893

P. O. Address Columbia Md

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. See
Registrar's No. 307

Registration District No. 38

Primary Registration District No. 5120

1. PLACE OF DEATH:

(a) County Boone Columbia
(b) City or town _____
(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

James J. Morris

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days _____ (If less than one day, hr. min.)

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____ (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) accident ✓

(b) Date of occurrence Oct 14, 1948

(c) Where did injury occur? _____ (City or town) (County) (State) Boone Co. Mo.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Boone Co. Supermarket

While at work? No (Specify type of place) _____ (Means of injury) Fall as he got up from stool

23. Signature [Signature] (M. D. or other) _____

Address Columbia Mo Date signed 12-10-48

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

SUPPLEMENTARY

S-35606