No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35991

FILED DEC 1 1948

Registration District No. 1 Primary Registration District No. 3016 Registrar's No. 361

1. PLACE OF DEATH:
(a) County: Cole
(b) City or town: Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(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: 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Cole
(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")
(d) Street No.: 606 Lafayette (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Victor Morris
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: 490-09-9636
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
52			..... hr. ..... min.

9. Birthplace: Cole County (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business: General
MOTHER
12. Name: W. C. Morris
13. Birthplace: Unknown (City, town, or county) (State or foreign country)
FATHER
14. Maiden name: Pandora Thomas
15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Ella S. Morris
(b) Address: 606 Lafayette
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln
18. (a) Signature of funeral director: Donna Kenyon
(b) Address: 70 Jefferson
19. (a) 11-23-48 (Date received by local registrar) (b) R. P. Harris M.D. (Registrar's signature) Donna Kenyon Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20 year 1948 hour 2 minute 15 a.m.
21. I hereby certify that I attended the deceased from Dead when received; that I last saw h..... alive on ..... 19..... and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemorrhage	
Due to: Stab wound in rt breast which	
Due to: perforated the rt lung	
Other conditions (Include pregnancy within 3 months of death): No	
Major findings: Of operations: No	
Of autopsy:	

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): Homicide
(b) Date of occurrence: 11-20-48
(c) Where did injury occur? Jeff City (City or town) Cole (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In public pool hall (Specify type of place)
While at work? No (e) Means of injury: Sharp inst
23. Signature: J. T. Leslie M.D. (M. D. or other) Coroner
Address: Jeff City Mo Date signed: 11-23-48
(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

RECEIVED
APR 29 1949
District Health Officer No. 9,
District File Number
NOV 30 1948
Date Filed

DEC 1

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 L. V. Anderson

Licensed Embalmer No. 3641

P. O. Address Jamo.

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.