

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Jefferson		c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) Box 400	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAMILY HOME R² JAMESPORT			

3. NAME OF DECEASED (Type or Print) HERMAN	a. (First)	b. (Middle)	c. (Last) MORRIS	4. DATE OF DEATH (Month) (Day) (Year) MAY 22 1956
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept 25 1889	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY ABRICATOR	11. BIRTHPLACE (City and State or Foreign Country) Grundy Co, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ashford MORRIS	13b. MOTHER'S MAIDEN NAME SARAH MASON	14. NAME OF HUSBAND OR WIFE Ethel Chumbley MORRIS.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. 493-14-5392	17. INFORMANT'S SIGNATURE OR NAME Ethel MORRIS (wife) Jamesport MO	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycobacterium tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 2 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2041 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 5**, 19**55**, to **Mar 15**, 19**56**, that I last saw the deceased alive on **Mar 15**, 19**56**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Bailey MD	23b. ADDRESS Jamesport MO	23c. DATE SIGNED 3-31-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/25/56	24c. NAME OF CEMETERY OR CREMATORY Shelburn Cem.	24d. LOCATION (City, town, or county) (State) Grundy Co. MO.
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DATE REC'D BY LOCAL REG. 4-2-56	REGISTRAR'S SIGNATURE Gene Fair	25. FUNERAL DIRECTOR'S SIGNATURE Gordon Blackburn	ADDRESS Jamesport, MO.
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(Licensed Embalmer's Statement on Reverse Side)

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

15
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Dr. Bailey

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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Harold I Roberts*

Licensed Embalmer No. *492*

P. O. Address *Centon, W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.