

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

FILED AUG 6 1943 316
Registration District No. ...

Primary Registration District No. 305-9-6-75

1. PLACE OF BIRTH:

(a) County St. Francois

(b) City or town Bonne Terre Route 1
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

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

(d) Street No. Route 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LUCY JANE MORRIS

3. (b) If veteran, name war V

3. (c) Social Security No. V

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1942 to May 6th, 1943
that I last saw her alive on May 4, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach 1 1/2 yrs.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife James D Morris

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

7. Birth date of deceased November 15 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>5</u>	<u>21</u>	hr. min.

9. Birthplace St. Francois Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name William Perkins

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

14. Maiden name Mary Ann Cady

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

16. (a) Informant Mrs Ira McCarty

(b) Address Bonne Terre Mo RFD-1

17. (a) Burial (b) Date thereof 5-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marven Chapel

18. (a) Signature of funeral director Benham Truck Co

(b) Address 313 Benham Bonne Terre

19. (a) July 27-1943 (b) Byrdie Buhmester
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations H&P

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? _____

23. Signature Geo. H. Watkins (M. D. or other) _____

Address Warrensburg Mo. Date signed 7-22-43

RECEIVED

District Health Officer No. 4
District File Number 843-2473
Date Filed 8-5-43

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

C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Barnes Lane 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.