

FILED JUN 14 1940

Registration District No. 175

Primary Registration District No. 6030 A

Registrar's No. 40

1. PLACE OF DEATH

(a) County St. Francois
(b) City or town Bonne Terre, Mo.
(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 _____
In this community about 50 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAVID JOHNSON MORRIS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Letha Ann Morris 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 14 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 10 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Morris

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

14. Maiden name Malinda Herrald

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

16. (a) Informant's own signature Mrs Ben Sherman

(b) Address Bonne Terre Mo

17. (a) Burial (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marvin Chapel

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

(b) Address 313 Benham, Bonne Terre, Mo

19. (a) May 21 1940 (b) M. W. Newkirk
(Date received local registrar) (Registrar's signature)

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. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1940 hour 12 minute 8 A. M.

21. I hereby certify that I attended the deceased from May 9
_____ 1940, to May 17 1940;
that I last saw him alive on May 17 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration Several years

Due to _____
Due to _____

Other conditions Hypertrophic prostate teratoma
(Include pregnancy within 6 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature Marvin Newkirk (M. D. or other) M.D.
Address Bonne Terre, Mo Date signed May 28 1940

PHYSICIAN
Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1-118511

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 Bonneville, Mo.

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, above space should be left blank.