

FILED FEB 18 1942  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 668

Primary Registration District No. 3092

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1637 South Carr  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution nineteen years (Specify whether  
In this community nineteen years years, months or days)

3. (a) PRINT FULL NAME Ira E. 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 Married  
6. (b) Name of husband or wife Mrs. Bertha Morris 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased May 21, 1877  
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Coach carpenter

11. Industry or business M.K.T. Shops (retired)

MOTHER FATHER { 12. Name Richard E. Morris  
13. Birthplace Missouri  
14. Maiden name Sarah Carry  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Morris  
(b) Address 1637 South Carr, Sedalia, Mo.

17. (a) Burial (b) Date thereof Feb. 5, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation High Point Cemetery  
Moniteau County, Missouri

18. (a) Signature of funeral director [Signature]  
(b) Address Sedalia, Missouri

19. (a) 2/5/42 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1637 South Carr  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 3 day 1942  
year 1942 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from January 19 to Feb 3 1942  
that I last saw him alive on February 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myeloid  
Chronic interstitial nephritis  
Due to Following bacterial pneumonia  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 107  
Of autopsy

Duration

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? \_\_\_\_\_

While at work? (Specify type of place) (e) Manner of injury 0  
23. Signature [Signature] (M. D. or other) MD  
Address Sedalia, Missouri Date signed 2-4-42

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

664

MAR 27 1942

FEB 19 1942

**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 John E. Myers  
Licensed Embalmer No. 2220  
P. O. Address Sedalia, 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, fact should be so stated above.**