

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

15511

Do not use this space.

## 1. PLACE OF DEATH

(a) County Moniteau  
(b) Township Walker  
(c) City California

2

Registration District No. 571

6

Primary Registration District No. 4335Registered No. 21

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)married5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFOllie Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar 8 - 1868

7. AGE

YEARS

72

MONTHS

DAYS

25If LESS than 1  
day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of  
work done, as sawyer, bookkeeper, etc.Retired9. Industry or business in which work  
was done, as saw mill, bank, etc.Dentist10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Moniteau Co Mo

FATHER

13. NAME

John L. Morris14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Moniteau Co Mo

MOTHER

15. MAIDEN NAME

Ivring Winget16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Peun17. INFORMANT  
(ADDRESS)Mrs H. R. Morris  
California Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Masonic Cem

DATE

4/6

1940

19. FUNERAL DIRECTOR (NAME)  
(ADDRESS)Ballenger & Friedman  
California Mo

20. FILED

4-6-1940 H. R. Poppey

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

April 4 - 194022. I HEREBY CERTIFY, that I attended deceased from  
1934 19... to April 4 - 1940I last saw him alive on April 4 - 1940. Death is saidto have occurred on the date stated above, at 11:15 P. m.

The principal cause of death and related causes of importance were as follows:

PneumoniaDate of onset  
March 15,  
1940

Other contributory causes of importance:

Influenza

Name of operation

Date of

What test confirmed diagnosis?

Physical examWas there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

L. L. Ratham M. D.

(Address)

California Mo

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.