

FILED MAR 11 1940

Registration District No. 800Primary Registration District No. 1002

1. PLACE OF DEATH:

- (a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 13 Days
 (Specify whether

In this community _____
years, months or days)3. (a) PRINT FULL NAME Elizabeth Ann Morris3. (b) If veteran, _____
name war _____3. (c) Social Security
No. _____4. Sex Female 5. Color or race white 6. (a) Single, widowed, married,
divorced widowed6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased November 17, 1872
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
67 3 0 _____ hr. _____ min.9. Birthplace Indiana
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name John Hanners13. Birthplace Virginia
(City, town, or county) (State or foreign country)14. Maiden name Nancy Jane Chesshire
(City, town, or county) (State or foreign country)15. Birthplace West Virginia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature James R. Morris(b) Address 738 Southwest Blvd.17. (a) burial (b) Date thereof Feb. 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Liberty, Missouri18. (a) Signature of funeral director States Funeral Home(b) Address Kansas City, Kansas19. (a) Feb. 19, 1940 (b) M. M. Erbe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Kansas (b) County Wyandotte
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 738 Southwest Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17
year 1940 hour 3 minute _____ A. M.21. I hereby certify that I attended the deceased from 2-4
2-17, 1940, to 2-17, 1940
that I last saw him alive on 2-17, 1940
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration
Pulmonary infarct. 10 daysDue to clot in auricularappendage.

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN
Of operations _____Of autopsy Cardio-vascular sclerosis
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) Means of injury? _____

23. Signature P. M. Nunn (M. D. or other) _____Address 5th SW Blvd Date signed 2-19-40

P. M. Nunn

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 W Ross Blanford

Licensed Embalmer No. 4015

P. O. Address 1815 W 40th

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.