

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2463 ✓

State File No.

FILED FEB 3 1942
Registration District No.

Primary Registration District No. ~~25~~ 3019

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
114 N. Craig, Coover & Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mo. (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME Richard J. Morris

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 7 years (Month) (Day) (Year)

7. Birth date of deceased Aug 7 1898

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>5</u>	<u>14</u>	hr. <u>1</u> min.

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

10. Usual occupation Retired Farmer

11. Industry or business Retired Farmer

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mary Taylor

(b) Address 617 N. May, Ind. Mo

17. (a) Burial (b) Date thereof 1-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Healdton Ind. Mo

18. (a) Signature of funeral director Mrs. G. D. Webb, Ind.

(b) Address Blue Springs Mo

19. (a) Jan. 22-42 (b) James H. Ross
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Blue Springs Mo
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1942 hour 10 minute 30 P M.

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

Immediate cause of death Carcinoma of Prostate 518

Due to.....

Due to.....

Other conditions Terminal Pneumonia
(Include pregnancy within 3 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 En Saunders (M. D. or other) MD

Address Independence Date signed 1-22-42

Duration Do not know

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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FEB 23 1948

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..... *R.B. Witt*.....

Licensed Embalmer No. *2353*.....

P. O. Address *Blue Springs 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.