S. No. 2
M—1-4-41
v. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13465

FILED MAY 14 1942

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1729

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

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: Kansas City Convalescent Home (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7½ 4 (Specify whether In this community 7½ 6 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51 Jackson

(c) City or town Kansas City Holden (If outside city or town limits, write "RURAL")

(d) Street No. R-R. 6 mi. N. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Morrin Mack J.

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife unk.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 6 (Month) 1863 (Day) (Year)

8. AGE: Years 78 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Jackson Co (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Retired Saleman

11. Industry or business Saleman

FATHER
12. Name Patrick Morrin
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Hingenford
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Chester Miller
(b) Address Holden Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Mo

18. (a) Signature of funeral director Canaday & Rapp
(b) Address Holden Mo

19. (a) 5-2-42 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st year 1942 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Sept 21 1941, 19__, to May 1 1942; that I last saw him alive on April 30 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 97	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work (e) Means of injury

23. Signature J. Lauenzaum (M. D. or other)

Address 3200 Norwood Dr. Date signed 5-2-42

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(Licensed Embalmer's Statement on Reverse Side)

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. Samuel B. Popp, II

Licensed Embalmer No. 4044

P. O. Address Holden, 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.