S. No. 2
M—5-42
r. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 19 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36342
State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4220

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: 74 & Prospect (Sheriff's Com)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
(Specify whether years, months or days)
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 823 Woodland
(If rural, give location)
(e) Citizen of foreign country? Cme (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MORRISEY—Joseph Jr.
3. (b) If veteran, name war World War
3. (c) Social Security No. none
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lena Morrisey
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased FEB. 21-1893 (Month) (Day) (Year)

8. AGE: Years 49 Months 8 Days 30 29 If less than one day — hr. — min.

9. Birthplace Topeka Kans. (City, town, or county) (State or foreign country)
10. Usual occupation Owner
11. Industry or business Hardware Store
MOTHER FATHER
12. Name Michael Morrisey
13. Birthplace Chicago Ill (City, town, or county) (State or foreign country)
14. Maiden name Mary Higgins
15. Birthplace Reilly Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lena Morrisey (Wife)
(b) Address 823 Woodland
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-13-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem
18. (a) Signature of funeral director Sullivan
(b) Address KC Mo
19. (a) 11-12-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 10 year 42 hour 2:45 minute P M.
21. I hereby certify that I attended the deceased from Cmm to 19..; that I last saw h alive on 19..; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Spontaneous subarachnoid hemorrhage of the brain
Due to 83a
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Surgeon

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 [illegible] (M.D. or other)
Address Cmm Date signed 11/10/42

(Licensed Embalmer's Statement on Reverse Side)

DEC 16 1958

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 Harold L. Echternacht, Registered Apprentice No. ....., working under my personal supervision.

Signed Harold L. Echternacht

Licensed Embalmer No. 3035

P. O. Address Kansas City, Kans.

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.