

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:
3611 Topping
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 23 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3611 Topping
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE MORRIS

3. (b) If veteran, name war None 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rubin Morris 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased May 30, 1900
(Month) (Day) (Year)

8. AGE: 43 Years 7 Months 3 Days If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name James Taylor

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

14. Maiden name Martha Ragsdale

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

16. (a) Informant Mr. Rubin Morris

(b) Address 3611 Topping

17. (a) burial (b) Date thereof 1/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Plains Cem. Stockins Bros.

18. (a) Signature of funeral director _____
(b) Address 1729 Lydia Avenue

19. (a) Jan 7 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 2, day Sunday
year 1944 hour 10:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from Jan 2 1944 to Jan 7 1944
that I last saw her alive on Dec 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebromeningitis

Due to _____
Due to 48a

Other conditions (include pregnancy within 3 months of death)
Seen by coroner

Major findings: at time of death
Of operations _____
Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place)
(c) Kind of injury _____

23. Signature Lewis S. Allen (M. D. or other)
Address 811 Durbin Bldg Date signed 1/6/44

REQUIRE BLUE PENCIL - USE LEADENY BLACK INK - MAKE A PERMANENT RECORD

B. Allen
8th St. Newark N.J.
N. C., Kansas

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.....

J. Jerome F. Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.