

FILED FEB 10 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 305

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether
In this community 43 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. 2609 Brighton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1944 hour 10 minute 23 A.M.

21. I hereby certify that I attended the deceased from
January 6, 1944, to January 17, 1944
that I last saw her alive on January 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of
Cervix with generalized
Carcinomatoses

Duration

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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)
(In) Means of injury _____

23. Signature De E. Upsher (M. D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 1-17-44

3. (a) PRINT FULL NAME Bertie Morris

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

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

6. (b) Name of husband or wife Ira Morris 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Oct 24th, 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 23 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business Own home

12. Name Eliza Sulango

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

14. Maiden name Mary E. Walters

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

16. (a) Informant Mrs Effie Hoss

(b) Address 2609 Brighton

17. (a) Burial (b) Date thereof 1/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem-

18. (a) Signature of funeral director Earp Funeral Home

(b) Address Kansas City Missouri

19. (a) Jan 19, 1944 (b) Upsher
(Date received local registrar) (Registrar's signature)

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

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.....

Licensed Embalmer No.

P. O. Address.....

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.