

FILED FEB 13 1945

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Saint Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town Saint Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2018 Francis
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edward Morris

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1945 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from
12/26/44 1944 to 1/8/45 1945
that I last saw him alive on January 7th 1945
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mrs. Emma Morris

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

7. Birth date of deceased August 22, 1865
(Month) (Day) (Year)

Immediate cause of death
Amputation left leg
of
fractured femur

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration
9 days
2 wks

8. AGE: Years Months Days If less than one day
79 4 17 hr. min.

9. Birthplace Maidville / Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Morris Morris

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

14. Maiden name Unknown Williamson

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

16. (a) Informant Mrs. Ethel Smith

(b) Address Elwood, Kansas

17. (a) Burial (b) Date thereof Jan. 9, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belmont Cemetery

18. (a) Signature of funeral director MRS. E. R. SIDENFADEN

(b) Address 602 South 10th Street

19. (a) 1-8-45 (b) Robert J. Finkle
(Date received local registrar) (Registrar's signature)

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 0

23. Signature Wm. Scottley, M.D.
Address Social Welfare Board Date signed 1/8/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

1077

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 *Mollie E. Sidenfaden To*

Licensed Embalmer No. *4235*

P. O. Address. *St. Joseph, 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.