

S. No. 2
DM-8-43
v. 5-1-739
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1744

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 15 1945

Registration District No. 2

Primary Registration District No. 1000

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 mi so. of city on Hiway #59
(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 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town De Kalb
(If outside city or town limits, write "RURAL")

(d) Street No. None
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Kenneth J. Morris

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased June 23, 1910
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 28
year 1945 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from on
Jan, 28th, 1945, to _____, 19____;

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>34</u>	<u>7</u>	<u>5</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

Immediate cause of death Fractured skull
Resulting, when two cars
collided

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name J. S. Morris

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

14. Maiden name Rose Ellen

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

16. (a) Informant John T. Morris

(b) Address St Joseph, MO

17. (a) Burial (b) Date thereof 1-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation De Kalb Cem.

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, MO

19. (a) 1-31-45 (b) J. W. Tackle
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1-28-45

(c) Where did injury occur? 3 mi so St Joseph Buchanan Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Fed. Hiway #59
(Specify type of place)

While at work? No (e) Means of injury Auto Accident

23. Signature B. W. Tadlock (M. D. or other) Coroner

Address King Hill Bldg Date signed 1/29-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

11
0
0

1377

(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.....

Robert H. Yaph

Licensed Embalmer No. 3308

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.