

S. No. 2
M-5-43
v. 5-17-39
I X38671

32821

FILED NOV 7 1945

State File No.

Registrar's No.

4371

Registration District No. 149

Primary Registration District No. 1002

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:
1528 Cherry - 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL.")

(d) Street No. 1528 Cherry
(If rural, give location)

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

3. (a) PRINT FULL NAME ED S. MORRIS

3. (b) If veteran, name war NONE

3. (c) Social Security No. None

4. Sex MALE 5. Color or race W.

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

6. (b) Name of husband or wife CORA C. MORRIS

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased APRIL 6 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23
year 1945 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 9/21/45
1943 to Oct 23/45 1945
that I last saw him alive on Oct 20 1945
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

76 6 17 hr. min.

Immediate cause of death acute myocardial infarction
angina pectoris

Due to arteriosclerosis

Due to chronic cholecystitis

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace PIKE Co. OHIO
(City, town, or county) (State or foreign country)

Major findings: Of operations 948

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation LABORER

11. Industry or business _____

12. Name SILAS MORRIS

13. Birthplace NO INFORMATION
(City, town, or county) (State or foreign country)

14. Maiden name LEGG

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

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? _____

16. (a) Informant MRS. CORA C. MORRIS

(b) Address 1528 CHERRY KC. MO.

17. (a) BURIAL (b) Date thereof 10-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Dr. G. J. Darnell (M. D. or other) D
Address 2748 Charlotte St. Date signed 10/24/45

18. (a) Signature of funeral director Wm. C. J. Forster

(b) Address 918-920 Brooklyn

19. (a) 10-24-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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

18
3
8

F.A.
Dr. Demelfy -
~~277th & Charlotte~~

2748 Charlotte

GR-2993

PM
go to side
door

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.....
JOE B. Yoder
Licensed Embalmer No. 4173

P. O. Address.....
918 Brooklyn
KC

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.