S. No. 2
M—8-43
v. 5-17-39
I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5602

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 965

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

4591

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: 2124 Tracy Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community over nine years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 2

(d) Street No. 2124 Tracy Ave (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Farris

3. (b) If veteran, name war no

3. (c) Social Security No. 493-22-6904 none

4. Sex Female 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Fred Farris

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept 4 (Month) (Day) 1885 (Year)

8. AGE: Years 61 Months 5 Days 19 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Andrew Morton
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name Harriett Morton Benton
15. Birthplace Jefferson City (City, town, or county) MO. (State or foreign country)

16. (a) Informant Fred Farris

(b) Address 2124 Tracy Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 27 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director West Appleton Jones

(b) Address 1905 Vine St.

19. (a) 2-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 23 year 1946 hour 6 minute 25 A.M.

21. I hereby certify that I attended the deceased from Feb. 21st 1946 to Feb. 23 1946 that I last saw him alive on Feb. 22 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	7 days
Due to Hypertension	4 yr.
Due to Nephritis	3 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations 131 b

Of autopsy none

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Thos. T. Jones (M.D. or other)

Address 1612 E 12 St Date signed 2/25/46

(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 C. H. West

Licensed Embalmer No. 2710

P. O. Address K. C. 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.