

No. 2
4-5-43
5-17-39
1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

5785

State File No.

FILED MAR 13 1946

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1009

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: General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 hrs.
(Specify whether years, months or days)

In this community 3 YEARS
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 46

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2610 HOLMES
(If rural, give location)

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

3. (a) PRINT FULL NAME James Leroy Morris

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1946 hour 2 minute 30 P.M.

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 NOVEMBER-1-1929
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 25 1946 to Feb. 26 1946; that I last saw him alive on Feb. 26 1946; and that death occurred on the date and hour stated above.

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

16 3 28 hr. min.

Immediate cause of death: Gastro intestinal hemorrhage etiology unknown

Due to _____

Due to _____

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

10. Usual occupation AT HOME

Other conditions (Include pregnancy within 3 months of death) 123:2

Major findings: Of operations _____

Of autopsy None

MOTHER FATHER

11. Industry or business _____

12. Name WILLIAM B. MORRIS

13. Birthplace APPLETON CITY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name LOLA L. STONER

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MR. WILLIAM B. MORRIS

(b) Address 2610 HOLMES STREET

17. (a) BURIAL (b) Date thereof MAR 4 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Secy

(b) Address 1401 BRUSH CREEK BLYD.

19. (a) 2-28-46 (b) Geraldine Holmes
(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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Clark W. Seely (D. O. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 2-27-46

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

4774

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

H. C. Newcomer Jr.

Licensed Embalmer No.

4043

P. O. Address

H. C. Newcomer Jr.

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.