

S. No. 2  
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7-5-17-39  
P-1 X36671

5788

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 13 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1010

48  
3  
8  
4777  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 ST. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17-DAYS  
(Specify whether)

In this community 45 YEARS  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. R.R. #6 INDEPENDENCE  
(If rural, give location)

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

3. (a) PRINT FULL NAME MR. CLARENCE A. MORRISON

3. (b) If veteran, name war No

3. (c) Social Security No. 487-05-3392

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 26<sup>TH</sup>  
year 1946 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from Feb 4-5  
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.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. DESSIE S. MORRISON

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

7. Birth date of deceased MARCH-25-1881  
(Month) (Day) (Year)

Immediate cause of death, Anemia

Due to Prostatic hypertrophy 137a

Due to bilateral hydro-pyo-nephrosis

Other conditions Paralyzed of rt eye also  
(Include pregnancy within 3 months of death)  
Paralysis was starting in left eye

8. AGE:	Years	Months	Days	If less than one day
	64	11	1	hr. _____ min.

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

10. Usual occupation MAINTENANCE MAN

11. Industry or business FORD MOTOR COMPANY

12. Name WILLIAM WALTER MORRISON

13. Birthplace MORRISONVILLE VIRGINIA  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET EMMA LOWER

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

16. (a) Informant MRS. E. N. PARTRIDGE

(b) Address 2335 HARDESTY AVENUE

17. (a) BURIAL (b) Date thereof MAR-1-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ELMWOOD CEMETERY

18. (a) Signature of funeral director W. H. Jewcomer, Done

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-28-46 (b) Chaldine Holmes  
(Date received local registrar) (Registrar's signature)

Major findings: Of operations ✓

PHYSICIAN

Underline the cause to which death should be charged statistically:

Of autopsy Prostatic hypertrophy - bilateral kidney dilatation - Rupture of sclera in eye

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Clarence J. Coffell (M. D. or other) \_\_\_\_\_  
Address 123 South Blvd. K.C. Mo. Date signed Feb 27-46

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1.5  
Kualto  
every

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**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 Carl Rapp

Licensed Embalmer No. 23458

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.