

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED *11 1946*

Registration District No. 149

Primary Registration District No. 1002

State File No. **5789**
Registrar's No. **824**

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:
501 So Drury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 25 yrs (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 501 So Drury
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Elva Rook Morrissey
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 17
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Feb 17
1946 to Feb 17 1946
that I last saw her alive on Feb 17 1946
and that death occurred on the date and hour stated above.

4. Sex Fem 5. Color or race Wh
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife James J. Morrissey
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased 3/20/1873
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Duration 1 day

8. AGE: Years 72 Months 10 Days 27
If less than one day hr. _____ min.

Due to Chronic Hypertensive Nephritis
Due to _____
Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business _____

12. Name Henry Rook

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

14. Maiden name Margaret Vance
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. D. T. McGregor

(b) Address Duncan, Okla.

17. (a) Burial (b) Date thereof 2/19/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director John P. Sheil
(b) Address K. C. Mo.

19. (a) 2-18-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
1318

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? _____ (c) Means of injury 3
23. Signature Civ Rook (M. D. or other) MD
Address 105 W. Elmwood Date signed 2/17/46

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

4778

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.....John P. Sheil.....

Licensed Embalmer No. 3625.....

P. O. Address.....K. C. M^o.....

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.