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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37106

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6822

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:
406 West 18th Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community about 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 406 West 18th Street 8
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME R. (io) J. Morris

3. (b) If veteran, name war World War II

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Doris L. Morris

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June 17 1919
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>4</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Machinist

11. Industry or business Friscon R.R.

12. Name Richard Morris

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

14. Maiden name Jessie Harman

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

16. (a) Informant Mrs. Jesse Morris

(b) Address Pittsburg, Kansas

17. (a) Removal (b) Date thereof 11-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pittsburg, Kansas

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address Kansas City, Mo.

19. (a) 11-18-46 (b) Geraldine Holmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1946 hour 11:35 minute a M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Heart aneurysm, being

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____ 195 P

Of autopsy no
History of angina

Duration _____

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) Do not know

(b) Date of occurrence 11-16-46 12 3

(c) Where did injury occur? 100 feet no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work? no (Specify type of place) (e) Means of injury Natural Gas

Signature Jean Watson (M. D. or other) 3

Address 1424 N. 1st St Date signed 11-17-46

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

MOTHER FATHER

RECEIVED
JAN 20 1947

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 *Blaine E. Walnut*

Licensed Embalmer No. *4075*

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.