No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27848

FILED SEP 2 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3605

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: 1415 E. 12th. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 29 years
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. 1415 E. 12th. 80
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frances Morris

3. (b) If veteran, name war no

3. (c) Social Security No. 487-12-7052

4. Sex Female 2

5. Color or race Negro

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

6. (b) Name of husband or wife Will Morris

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

7. Birth date of deceased April 10 --- 1890
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
57	4	10	..... hr. ..... min.

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

10. Usual occupation Laundry Worker

11. Industry or business

FATHER
12. Name Q. B. Bush
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Senora
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Bush
(b) Address 1415 E. 12th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-47
(Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem

18. (a) Signature of funeral director E. Sterling Bills
(b) Address 1212 Vine K.C. Mo

19. (a) 8-22-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 20
year 1947 hour 5 30 minute a M.

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

	Duration
Immediate cause of death Coronary sclerosis	
Due to Arterio sclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations

Of autopsy no History + Inspection

PHYSICIAN

Underline the cause of 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 2

23. Signature [illegible] (M. D. ~~or other~~) Coro

Address 1424 [illegible] Date signed 8-21-47

Jefferson City Printing Co.

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine St., K.C., M

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.