

S. No. 2  
1-1/47  
5-17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31353

National Office of Vital Statistics  
FILED SEP 23 1947

State File No. ....

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3849

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: Wheatley Hospital  
(If not in hospital or institution, write street number or location)

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

In this community: 4 Years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No. 1621 1/2 East 18th St.  
(If rural, give location)

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

3. (a) PRINT FULL NAME: Broady Morris

3. (b) If veteran, No

3. (c) Social Security No. 495-24-7917

name war: .....

4. Sex: Male 2  
5. Color or race: Negro

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

6. (b) Name of husband or wife: Zora Morris

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: May 6, 1894  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: September day: 6th  
year: 1947 hour: 12 minute: Noon M.

21. I hereby certify that I attended the deceased from 9-2-47  
..... 19..... to 9-6-47..... 19.....  
that I last saw him alive on 9-6-..... 19.47;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Occlusion  
Duration: .....

8. AGE:

Years	Months	Days	If less than one day
53	4	0	..... hr. .... min.

Due to: Coronary Sclerosis

Due to: .....

9. Birthplace: Auburn, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

Other conditions: .....

(Include pregnancy within 3 months of death)

11. Industry or business: .....

12. Name: Shed Morris

13. Birthplace: Auburn, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name: Harriette Boone

15. Birthplace: Auburn, Missouri  
(City, town, or county) (State or foreign country)

Major findings: .....

Of operations: .....

Of autopsy: .....

PHYSICIAN: .....

Underline the cause of which death should be charged statistically.

16. (a) Informant: Stella Smith  
(b) Address: Elsberry, Missouri

17. (a) Burial (b) Date thereof: 9/11/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Watkins Bee  
(b) Address: 1729 S. 1st

19. (a) 9-9-47 (b) Gladine 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? .....

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

While at work? .....

23. Signature: .....

Address: 1830 Vine Date signed: 9-8-47

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

MOTHER FATHER

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.....  
.....  
working under my personal supervision.

Registered Apprentice No.....  
Signed *J. Manlove*  
Licensed Embalmer No. *3994*  
P. O. Address *2503 Highland*

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.