

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

38328

State File No. _____

FILED NOV 29 1947
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4805

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:
Residence, 3735 Askew
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
In this community 50 years
(Specify whether 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. 3735 Askew
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country AI

3. (a) PRINT FULL NAME MRS. MARIE HOLLONZE MORGAN
(b) If veteran, name war NO
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11-15 day
year 47 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from
death 11-10 1947 to line 19 47
that I last saw her alive on 11-10 1947
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (c) Age of husband or wife if alive 2 years

Immediate cause of death
Coronary Occlusion
Chr. Myocarditis
Due to Chr. Myocarditis
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____
Duration 1 hr
8 yrs

7. Birth date of deceased Feb. 22, 1873
(Month) (Day) (Year)
8. AGE: Years 74 Months 8 Days 23
If less than one day hr. _____ min.

9. Birthplace Keokuk, Iowa
(City, town, or county) (State or foreign country)
10. Usual occupation housework

11. Industry or business self employed
12. Name C. J. Clark
13. Birthplace unknown, England
(City, town, or county) (State or foreign country)
14. Maiden name Mary Lambert
15. Birthplace unknown, England
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.
938

16. (a) Informant Mrs. L. J. Welch
(b) Address 1416 W. Walnut, Independence, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 18 47
(Month) (Day) (Year)
(c) Place: burial or cremation ground from her Indep. Mo.
18. (a) Signature of funeral director Doc Carson
(b) Address Independence, Mo.

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 0

19. (a) 11-17-47 (Date received local registrar) (b) Geraldine Holman (Registrar's signature)

23. Signature Les M. Hullen (M. D. or other) 3548 Indiana Date signed 11-15 47

WRITE PLAINLY—USE 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.....

William H. Schlanker

Registered Apprentice No. *439*

working under my personal supervision.

Signed..... *R. A. Lisle*

Licensed Embalmer No. *4123*

P. O. Address *Independence, 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.