

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH16042
State File No. 2293

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson	
c. LENGTH OF STAY (in this place) 15 yrs		c. CITY OR TOWN Kansas City		d. STREET ADDRESS 3222 Thompson		e. (If rural, give location)	
3. NAME OF DECEASED (Type or Print) CHARLES ADAMS MORRILL				4. DATE OF DEATH May 24 1949		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH OCT 5 1883		9. AGE (In years last birthday) 65	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Showman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Nebraska		12. CITIZEN OF WHAT COUNTRY? U S C	
13a. FATHER'S NAME Joel Morrill		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Elizabeth Morrill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No		16. SOCIAL SECURITY NO. 497-05-5092		17. INFORMANT'S SIGNATURE OR NAME Mrs Elizabeth Morrill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cardiac heart failure Result of Chronic circulatory disturbance of the arteries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) excessive fat starvation never fully removed from diet since age 25 DUE TO (c) age. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. age. 5810				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1946, 1947, 1948, 1949, and that death occurred at 9:15 pm on May 24 1949 from the causes and on the date stated above.							
23a. SIGNATURE Harvey P. Charles (Degree or title)				23b. ADDRESS Kansas City		23c. DATE SIGNED May 24 1949	
24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 27 1949		24c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON		24d. LOCATION (City, town, or county) (State) KANSAS CITY MO	
DATE REC'D BY LOCAL REG. 5-26-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C. L. Jester			
				ADDRESS Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Lawrence

Licensed Embalmer No.

4716

P. O. Address.....

A. G. Me.

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.