

REC'D MAY 9 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13748  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jackson Registration District No. 399  
(b) Township Kaw Primary Registration District No. 1002  
(c) City Kansas City (d) Street No. St. Lukes Registered No. 1728  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Priscilla Ellen Morris 620  
(a) Residence, No. 4021 Garfield St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Moses Morris</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan 21, 1876</b>		
7. AGE YEARS <b>71</b>	MONTHS <b>3</b>	DAYS <b>2</b>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Housewife</b>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri</b>	
	13. NAME <b>Levy Covey</b>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>North Carolina</b>	
	15. MAIDEN NAME <b>Laura Van Hoy</b>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Mo.</b>		
17. INFORMANT <b>Mrs. L.E. Ewing</b> (ADDRESS) <b>4021 Garfield</b>		
18. BURIAL, CREMATION, OR REMOVAL <b>Butler Mo.</b> DATE <b>4/25/38</b>		
19. FUNERAL DIRECTOR <b>Bentley Mortuary</b> (ADDRESS) <b>5811 Troost Avenue.</b>		
20. FILED <b>Apr 24 1938 M. M. Brown</b> Local Registrar. <b>3/5</b>		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr 23, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 19, 1938, to Apr 23, 1938**  
I last saw h. **er** alive on **April 23, 1938**. Death is said to have occurred on the date stated above, at **8 A. m.**  
The principal cause of death and related causes of importance were as follows:

**Acute Bronchitis & Pneumonia**

**Emphysema**

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy **Yes**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_  
(Signed) **E. Lee Miller**, M. D.  
(Address) **1232 Professional**

Date of onset \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

K. C. New.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5432

**STATEMENT BY LICENSED EMBALMER**

I, ..... Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**