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.

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

REC'D JUN 9 1938

17464
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson
(b) Township Stew
(c) City Kansas City
(d) Street No. St Joseph Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registration District No. 399
Primary Registration District No. 1002
Registered No. 2161

2. PRINT FULL NAME Don Morris 690
(a) Residence, No. 39th Phelps Rd. St. Independence Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1936
7. AGE YEARS 1 MONTHS 6 DAYS 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo
FATHER
13. NAME Everett Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seymour Mo
MOTHER
15. MAIDEN NAME Wilma Conine
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paola Kansas
17. INFORMANT (ADDRESS) Everett Morris 39th Phelps Independence Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Paola Kansas DATE May 27, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) D W New Comers Sons Brushcreek & Pasco
20. FILED May 26 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from 5-5-, 1938, to May 25, 1938
I last saw him alive on 5-25-, 1938 Death is said to have occurred on the date stated above, at 12:35 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
① Empyema	
② Peritonitis	
③ Septicemia (Streptococcus)	
10 lbs	

Other contributory causes of importance: Pneumonia, Bronchos

Name of operation Rib resection 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? No
If so, specify
(Signed) Ernest L. Glasscock, M. D.
(Address) 1306 Prof. Bldg.

(Licensed Embalmer's Statement on Reverse Side)

Argyle V1-95-81
12 - 2:30
Dr Ferr will sign at
10 Am

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 Nell Carr

Licensed Embalmer No. 3976

P. O. Address 1401 Brushcree

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.