

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

**38049**  
 Do not use this space.

DECD DEC 14 1938

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 2  
 (b) Township Kaw Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. 3225 Lexington 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.

2. PRINT FULL NAME Frank Morris  
 (a) Residence, No. 3225 Lexington 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Rosa Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1885

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
53	9	7	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Custodian  
 9. Industry or business in which work was done, as saw mill, bank, etc. K. C. Police  
 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 Paul Morris  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

MOTHER 15. MAIDEN NAME Maria Ginnacchio  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy

17. INFORMANT (ADDRESS) Mrs. Rosa Morris  
3225 Lexington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Nov. 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO.  
Kansas City, Mo.

20. FILED 11-2 1938 M. M. Crowe Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 4, 1938 to October 31, 1938  
 I last saw him alive on October 30, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Septicemia Acute  
Arterio Sclerosis  
34  
 Date of onset 1937

Other contributory causes of importance:  
Congenital Heart Failure Sept. 38

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Physical Examination, no. Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no 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 M. S. Berry (Signed) 315 Alameda Road Kansas City, Mo. (Address) M. D.

WRITE PEANUT, 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.

I X14028

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**