

RECD FEB 20 1939

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

1091
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. Luke's Hospital Registered No. 104
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME 625 Mr. Charles A. Morrison
(a) Residence, No. 1415 West 50th St. Terrace St.
(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*) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Caywood Morrison (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>70</u>	<u>7</u>	<u>22</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Iowa

FATHER 13. NAME James A. Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mina Hord
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT Mrs. H. Wade Zimmerman (Mo.)
(ADDRESS) 1415 West 50th St., Terrace, K. C.

18. ~~PLACE OF REMOVAL~~ New Hartford
PLACE New Hartford, Ia. DATE January 10, 1939

19. FUNERAL DIRECTOR Stine & McClure
(ADDRESS) Kansas City, Missouri.

20. FILED Jan 7 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 8 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1938, to Jan 8 1939
I last saw him alive on Jan 8 1939 Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Automobile Accident
Wrist was fractured
lung abscess
Pneumonia
Coronary Thrombosis
Other contributory causes of importance:
Diabetes Mellitus

Name of operation _____ Date of _____
What test confirmed _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/15, 1938
Where did injury occur? Highway 69 near Caywood
(Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Ran into parked truck at
Nature of injury fractured wrist crushed

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) D. R. Sully _____ M. D.
(Address) 10320 3rd Place Kansas City Mo

Date of onset
12-15-38

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.

10 21
[Handwritten signature]

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.)