

APR 17 1939

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

9542
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson ² Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City ¹ (d) Street No. 3909 Bell Street St.
 (e) Length of residence in city or town where death occurred 19 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jasper Morris
 (a) Residence, No. 3909 Bell 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*) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1846
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 8 8
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1939
 22. I HEREBY CERTIFY, that I attended deceased from March 8, 1939, to March 12, 1939.
 I last saw him alive on March 12, 1939. 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:

Date of onset
Broncho-pneumonia
93c
 Other contributory causes of importance:
Chronic myocarditis

12. BIRTHPLACE (CITY OR TOWN) Platte County
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME James Morris ^①
 14. BIRTHPLACE (CITY OR TOWN) Unknown ⁹
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Elizabeth Wilson
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

17. INFORMANT Frank A. Morris
 (ADDRESS) 4430 Tracy

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE March 14, 1939

19. FUNERAL DIRECTOR (NAME) Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED Mar 14 39 M. M. Brown
 Local Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

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 Mercury poisoning M. D.
 (Signed) Blair Medical Bldg
 (Address) Kansas City, Mo

WHITE PLAINLY WITH UNLOADING 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.

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Dr. Rimmel
Plymouth Medical Bldg.

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.