

REC'D MAY 10 1939

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

14020

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson 1 Registration District No. 399  
(b) Township Kear Primary Registration District No. 11002  
(c) City Kansas City 1 (d) Street No. Research Wash Registered No. 1774  
(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

(a) Residence, No. 240 Mrs. Jessie M. Roach St.  (If nonresident, give city or town and State)  
Marshfield Mo. (Usual place of abode, if no street address, write country or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 2 7

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. At home  
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 1

FATHER 13. NAME Charles Morris 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Barbara Ann McCall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Morris Roach  
Marshfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Mo. DATE 4/27 1939

19. FUNERAL DIRECTOR (ADDRESS) Stine & McClure  
K.C., Mo.

20. FILED Apr 27 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26 1939

22. I HEREBY CERTIFY, That I attended deceased from April 5 1939, to April 26 1939.

I last saw him alive on April 26 1939. Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia post operative  
acute pulmonary edema Date of onset 4/6

Other contributory causes of importance: Carcinoma of rectum

Name of operation abdomino-perineal resection Date of 4-15-39

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 Frederick B. Campbell M. D.

(Signed) Harvey C. Lane

(Address) Harvey C. Lane

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**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.)**