

REC'D AUG 7<sup>th</sup> 1939

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

24561  
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. Research Hospital Registered No. 2774  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs. Emma A. Morris  
 (a) Residence, No. 2505 W. 51st Street, Kansas City, Kas.  
 (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 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 Gouverneur Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1866

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, .....hra. or .....min.
	<u>73</u>	<u>3</u>	<u>14</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. At home  
 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) July 9, 1939

22. I HEREBY CERTIFY, that I attended deceased July 8, 1939 to July 9, 1939  
 I last saw her alive on July 9, 1939. Death is said to have occurred on the date stated above, at 404.  
 The principal cause of death and related causes of importance were as follows:  
ruptured gastric ulcer with shock and collapse. Date of onset July 8/39  
117a

Other contributory causes of importance:  
Pyloric Stenosis from ulcers 10 yrs

Name of operation None Date of Autopsy  
 What test confirmed diagnosis? Autopsy 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 \_\_\_\_\_  
 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) J. P. Bell M. D.  
 (Address) 1135 Professional Bldg. Kansas

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

FATHER

13. NAME William Kunkel  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

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

17. INFORMANT Mr. Ray Morris  
 (ADDRESS) 2505 W. 51st Street

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Forest Hill DATE July 11, 1939

19. FUNERAL DIRECTOR (NAME) Freeman Mortuary  
 (ADDRESS) 104 W. 42nd St., K.C., Mo.

20. FILED July 10, 1939 M. M. Brome  
 Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

**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 Clarence

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

Clarence W. Philips

Licensed Embalmer No.

3473

P. O. Address

104 West 42nd St. N.Y.C.

**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.**