

REC'D AUG 7

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

24805
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, Mo. (d) Street No. 4431 Jefferson, Registered No. 3018 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

Edward L. Morse,
 (a) Residence, No. 4431 Jefferson, St. Mo.
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 10, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 7 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Mail Carrier
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan,

FATHER 13. NAME George Morse,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

MOTHER 15. MAIDEN NAME Josephine Lewis,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT Bertha Morse, (ADDRESS) 4431 Jefferson, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington, DATE 7/28-39,

19. FUNERAL DIRECTOR Stine & McClure, (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED July 27, 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25th, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1939, to July 25, 1939.
 I last saw him alive on July 22, 1939. Death is said to have occurred on the date stated above, at 6:00p m.

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

Cardiac Artery Thrombosis
Partial Heart Block
 Date of onset May 1939
 Other contributory causes of importance:
Cardiac Decompensation May 1939

Name of operation None Date of
 What test confirmed diagnosis? Clinical 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
 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 of injury in any way related to occupation of deceased?
 If so, specify Osadore Anderson, M. D.
 (Signed) Osadore Anderson, M. D.
 (Address) 1317 Realto Bldg

WRITE PLAINLY, 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.

FORM 1-1-35 I. X12004

Dr. I. Anderson.

Ruallio Bldg

W 1257

723 West 1-45-

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 E. M. Plank

Licensed Embalmer No. 1848

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.)