

0317 AUG 22 1939

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

25787
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
 (b) Township Blue Primary Registration District No. 3019 Registered No. 219
 (c) City Kansas City (d) Street No. Independence Sanitarium 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

Dorothy Morris
 (a) Residence, No. 5003 East 9th Street st. (If nonresident, give city of town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 6, 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 5 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pattern Lady
 9. Industry or business in which work was done, as saw mill, bank, etc. Stern-Sligman-Printz
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Charles Morris

14. BIRTHPLACE (CITY OR TOWN) King City
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Sadie Johnson

16. BIRTHPLACE (CITY OR TOWN) Wakefield
 (STATE OR COUNTRY) Nebraska

17. INFORMANT Mrs. Sadie Morris
 (ADDRESS) 5003 East 9th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah, Mo. DATE 7/13/39

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co.
 (ADDRESS) Kansas City, Mo.

20. FILED July 13, 1939 J. L. Cook
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-39, 19

22. I HEREBY CERTIFY, That I attended deceased from

to 10:50 a.m. 19..... Death is said to have occurred on the date stated above, at 10:50 a.m.
 The principal cause of death and related causes of importance were as follows:

Auto Traumatism
Subdural cerebral hemorrhage
Rupture of the liver and spleen
 Other contributory causes of importance:

Hemoperitoneum

Name of operation..... Date of.....

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? Accident Date of injury 11-10-39

Where did injury occur? H. C. Mo. (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Collision of two cars
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....

(Signed) Orville B. Supter, M. D.

(Address) Gen Hosp. K. C. Mo

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.....
....., 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.