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FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31084**
Registrator's No. **3647**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **11 Days**
(Specify whether years, months or days)
In this community **31 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **37 East 32nd Street Terrace**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **---** years.

3. (a) PRINT FULL NAME **Mrs. Mildred Faye Morse**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. William L. Morse** 6. (c) Age of husband or wife if alive **33** years
7. Birth date of deceased **May 18 1908**
(Month) (Day) (Year)

8. AGE: Years **32** Months **3** Days **29** If less than one day hr. min.

9. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **---**

12. Name **Fred L. Walker**

13. Birthplace **Fort Scott Kansas**
(City, town, or county) (State or foreign country)

14. Maiden name **Bertha Bender**

15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. L. Morse**

(b) Address **37 E. 32 Terr.**

17. (a) **Burial** (b) Date thereof **Sept. 18, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **J. W. Neumann's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **Sept. 18, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **16** year **1940** hour **9¹⁵/₄** minute **P.** M.

21. I hereby certify that I attended the deceased from **Sept 16** 19**40** to **Sept 16** 19**40**.
that I last saw her alive on **Sept 16** and that death occurred on the date and hour stated above.

Immediate cause of death

acute pulmonary edema
Due to **acute myocardial infarction following delivery of the Brain abscess**

Other conditions **Puerperal eclampsia**
(Include pregnancy within 3 months of death)
Delivered 9/5/40

Major findings: Of operations **146**

Of autopsy **above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **---**
(b) Date of occurrence **---**
(c) Where did injury occur? **---** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **---**

(Specify type of place) While at work? (e) Means of injury **---**

23. Signature **Ethel C. White** (M. D. or other) **---**
Address **1032 Purb. Bld.** Date signed **9/17/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address *K. e. mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.