

FILED FEB 28 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1329**

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 280

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

**1. PLACE OF DEATH:**  
**JACKSON**  
 (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:  
1410 College  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 50 years  
(Specify whether years, months or days)  
 In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**  
 Mo. Jackson  
 (a) State \_\_\_\_\_ (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 1410 College  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** JAMES W. MORRISON  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan. day 17  
 year 1941 hour 9: minute 55 A. M.

4. Sex M 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Susie Morrison 6. (c) Age of husband or wife if alive 82 years

21. I hereby certify that I attended the deceased from Dec. 18 1940 to Jan 15th 1941  
 that I last saw him alive on Jan 15th, 1941  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased Nov. 11-1840  
(Month) (Day) (Year)

Immediate cause of death Broncho pneumonia with gastric carcinoma and pyloric ulcer and hypertension  
 Duration \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>100</u>	<u>2</u>	<u>7</u>	<u>hr. 1 min.</u>

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Night Watchman  
American Radiator

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy no  
 Underline the cause to which death should be charged statistically.

11. Industry or business Unknown  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Marler  
 (b) Address 2416 Drury

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) no  
 (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?

17. (a) Burial (b) Date thereof Jan. 20-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Floral Hills  
Rose & Henderson

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director 15 & Jackson  
 (b) Address \_\_\_\_\_  
 19. (a) Jan 20 1941 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature M. M. Brown (M. D. or other) \_\_\_\_\_  
 Address 2415-15th St Date signed 1-20-41  
B. C. Brown

**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

*J. C. Henderson*

Licensed Embalmer No. *3657*

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.**