S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

Registration District No. 279

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9768

Primary Registration District No. 1002

Registrar's No. 1177

48
3

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

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. Marys Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Hrs. (Specify whether
In this community 27 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County 14

(c) City or town Morris Kansas O
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John E. Morrisey

3. (b) If veteran, name war No.

3. (c) Social Security No. 510-03-6650

4. Sex Male O

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice L. Morrisey

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct. (Month) 29 (Day) 1881 (Year)

8. AGE: Years 59 Months 4 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Supt. Rock Crusher

11. Industry or business

FATHER
12. Name Pete Morrisey
13. Birthplace Co. Cork (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret Harrington
15. Birthplace (City, town, or county) Mass. (State or foreign country)

16. (a) Informant Alice L. Morrisey

(b) Address morris Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-24-41 (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C.Mo.

19. (a) Mch 22, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1941 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Feb 15, 1940, to March 21st, 1941; that I last saw him alive on March 21st 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	5 hrs
Due to Hypertension	
Due to	83
Other conditions Hadparalysis (Include pregnancy within 3 months of death) One yr Ago	

Major findings:
Of operations
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. H. Owens (M. D. or other)

Address 1024 Pacific Date signed 3-21-41

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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

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