No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 2 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28061

Registration District No. 201 Primary Registration District No. 5280 3012 Registrar's No. 71

4
2
1

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

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Odd Fellows Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 (Specify whether
In this community ___ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town ~~Liberty~~ Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. ~~Odd Fellows Home~~ 4217 Bell St.
(If rural, give location)
(e) Citizen of foreign country? ___ (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Andrew J. Morris
3. (b) If veteran, name war ___ 3. (c) Social Security No. ___
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ida May Morris 6. (c) Age of husband or wife if alive ___ years
7. Birth date of deceased January (Month) 25 (Day) 1859 (Year)

8. AGE:	Years	Months	Days	If less than one day
	82	5	13	___ hr. ___ min.

9. Birthplace Clay County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Catalogue Dept.
11. Industry or business Montgomery Ward & Co.

FATHER
12. Name John Morris
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna McCain
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Odd Fellow Records
(b) Address Liberty Missouri
17. (a) Removal + (Burial, cremation, removal) (b) Date thereof 7/10/41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington C. Kansas City Mo.
18. (a) Signature of funeral director Tates Funeral Home
(b) Address Kansas City Kansas
19. (a) July 7-41 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8 year 1941 hour 6 minute 30 a.m.
21. I hereby certify that I attended the deceased from April 1, 1939 to July 8, 1941 that I last saw him alive on July 16, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

94 66

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)
(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 F H Kleppheed (M.D. or other)
Address Liberty Mo Date signed 7/8/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 8-26-41
Date Filed

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 D Ross Blanford

Licensed Embalmer No. 4615

P. O. Address State Line 41

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

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