

FILED NOV 14 1941
85

Registration District No. _____

Primary Registration District No. 1001

Registrar's No. 1000

1. PLACE OF DEATH:

(a) County Buchanan,
(b) City or town Saint Joseph, Mo.
(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 6 days,
(Specify whether years, months or days)
In this community 6 days,
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan,
(c) City or town Severance,
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th.
year 1941 hour 7:00 minute 03a.m.

21. I hereby certify that I attended the deceased from Oct 24, 1941, to Oct 30, 1941;
that I last saw him alive on Oct 29, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage Cerebral
Duration 7 days

Due to _____

Due to _____ 430

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy Bilateral Bronchopneumonia
Cardiac Hypertrophy
Acute Meningitis
Underline cause to which death would be charged statistically.

22. If death was due to external causes, fill in the following: (None)

(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? _____

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

23. Signature [Signature] (M. D. or other) mo

Address Kendrick Bldg Date signed 10-28-41

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

3. (a) PRINT FULL NAME Roger William Morley,

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife Elizabeth Rose Morley, 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 27th, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 3 hr. min.

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

10. Usual occupation Banker,

11. Industry or business Bank,

12. Name Roger Michael Morley,

13. Birthplace Unknown, Ireland,
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Kilkenny,

15. Birthplace Unknown, Ireland,
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. P. J. Hargis

(b) Address Troy, Kansas,

17. (a) Removal (b) Date thereof 10/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hughland, Kansas,

18. (a) Signature of funeral director [Signature]

(b) Address 319 So. 10th Street, Kansas

19. (a) Oct. 30, 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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 10-30-4

....., Registered Apprentice No.

working under my personal supervision.

Signed

Wm E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. St. Joseph St.

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, fact should be so stated above.