

FILED FEB 11 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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 3 Days
(Specify whether years, months or days)
In this community 2 Months, 2 Days

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. 3028 Tracey
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM Y. MORRIS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Sadie E. Morris 6. (c) Age of husband or wife if alive 73
7. Birth date of deceased September 8 1867
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 25 If less than one day hr. min.

9. Birthplace Bates County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

12. Name William Morris

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Martha Forbes

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

16. (a) Informant Mrs. Sadie E. Morris

(b) Address 3028 Tracey

17. (a) Removal (b) Date thereof 1-3-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amsterdam, Missouri

18. (a) Signature of funeral director John W. Wagner
(b) Address Kansas City, Missouri

19. (a) 1/3/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3rd
year 1942 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 30
1941 to 1-3 1942

that I last saw him alive on 1-3 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bladder & prostate Duration

Due to

Due to ST-B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 518

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?

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

23. Signature P. De Marco (M. D. or other)
Address 1408 Waltham Bldg Date signed 1-3-42

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

MOTHER FATHER

*Order of De Mornie
1408 Malvern
No 6708
B.S.*

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 *Cecil R. Matthes*.....

Licensed Embalmer No. *3807*.....

P. O. Address *Kansas City, Missou*.....

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.