

FILED JUN 11 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2181

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Research 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)

2. USUAL RESIDENCE OF DECEASED: Newton  
 (a) State Missouri (b) County BERRY  
 (c) City or town Stella,  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME William F. MORRIS.  
 (b) If veteran, name war no.  
 (c) Social Security No. 500-29-1729

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 2nd  
 year 1942 hour 90 minute 45 A. M.

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Martha L. Sanders Morris  
 (c) Age of husband or wife if alive 28 years

21. I hereby certify that I attended the deceased from Pathologist to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him \_\_\_\_\_ live on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased March 17th 1905  
(Month) (Day) (Year)

Immediate cause of death Acute epingnation  
 Due to rupture of epinglitis aneurysm of aorta into brain.

8. AGE: Years 37 Months 2 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Dilatation of heart Cong liver kidneys.  
(Include pregnancy within 9 months of death)

9. Birthplace Jackson, Tennessee  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Laborer  
 11. Industry or business US Govt Camp Crowder  
 12. Name Samuel Morris  
 13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Malissa Bury  
 15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

Major findings: As above.  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Elga Morris, Brother,  
 (b) Address Okmulgee, Oklahoma.  
 17. (a) Removal (b) Date thereof 6/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Okmulgee, Oklahoma

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? \_\_\_\_\_

18. (a) Signature of funeral director Melody-McGilley  
 (b) Address K. C. Mo.  
 19. (a) 6/2/42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature W. J. Brown (Specify type of place) \_\_\_\_\_  
 Address Professional Bldg Date signed 6/4/42

361 (Licensed Embalmer's Statement on Reverse) W. J. Brown M.D. Research Hospital

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

7238

MOTHER FATHER

PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**