

FILED JUN 27 1942
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2320

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:
3967 Main Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 44 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 48
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. 2835 Madison
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR MORRIS

3. (b) If veteran, name war World War 3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13
 year 42 hour 6:30 minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____
 to _____ 19____
 that I last saw _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mrs. Margaret Morris 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased Dec 21 (Month) (Day) (Year) 1897

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>5</u>	<u>22</u>	hr. _____ min.

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

10. Usual occupation Policeman

11. Industry or business K. C. Police Dept

12. Name Robert W Morris

13. Birthplace Lansing Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Emma Lowder

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

16. (a) Informant Mrs. Margaret Morris

(b) Address 2835 Madison

17. (a) Burial (b) Date thereof June 17 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Frank W. Robin Co.

(b) Address 20 West Linwood

19. (a) 6-15-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Immediate cause of death Gunshot wound of the chest

Due to _____ 166

Due to _____

Other conditions (Include pregnancy within 9 months of death) _____

Major findings: Of operations _____

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) As above

(b) Date of occurrence 6/13/42

(c) Where did injury occur 3967 Main Street
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
As above

While at work _____ (Specify type of place)

(e) Means of injury As above

23. Signature As above (S. P. or other) _____

Address As above Date signed 6/15/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

working under my personal supervision.

John J. Bourroy

Registered Apprentice No. *307*

Signed.....

Charles M. Quinn

Licensed Embalmer No. *3634*

P. O. Address.....

K. C. M.

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.