

Registration District No. **19429**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6228 Swope Parkway /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 Years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City Missouri** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **6228 Swope Parkway** **8**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Mr Logan MORRIS**

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 **Married**
6. (b) Name of husband or wife **Josephine Morris** alive **73** years
7. Birth date of deceased **March 26th 1866**
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **0** If less than one day
hr. min.

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

10. Usual occupation **Retired Railroad Conductor**

11. Industry or business **Chicago Great Western R. R.**

MOTHER { 12. Name **John Morris**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Emile Jameson**
15. Birthplace **Unknown Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Josephine Morris (Wife)**

(b) Address **6228 Swope Parkway City**

17. (a) **Burial** (b) Date thereof **8-29-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Mary's Cemetery**

18. (a) Signature of funeral director **Melody-McGilley**

(b) Address **Kansas City, Missouri**

19. (a) **8-22-42** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **26**
year **1942** hour **8** minute **A.M.**

21. I hereby certify that I attended the deceased from **July 17, 1942**
19 **26** to **August 26** 19 **42**

that I last saw him alive on **August 20, 1942** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiovascular Renal Disease Prob. 1 year

Due to **Hypertension** **1310** ?

Due to _____

Other conditions **Senility & Atherosclerosis** ?
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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 _____

23. Signature **M. M. Browne** (M. D. or other) _____
Address **3937 Main St. G. Mo.** Date signed **8/27/42**

501

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.