

Registration District No. 149

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,

(c) Name of hospital or institution:  
6158 Charlotte Street,

(d) Length of stay: In hospital or institution no.

In this community 6 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,

(c) City or town Kansas City,

(d) Street No. 6158 Charlotte Street,

(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME William Jacob Morris

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19th  
year 1943 hour 2:50 minute a. M.

3. (b) If veteran, name war no

3. (c) Social Security No. none

21. I hereby certify that I attended the deceased from 1-13 1943 to 19th Jan 1943  
that I last saw him alive on 1-18 1943  
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 Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased: October 25 1861

Immediate cause of death  
Encephalomyelitis  
Arterio Sclerosis

Due to 82

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

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>2</u>	<u>25</u>	<u>hr. min.</u>

Major findings:  
Of operations

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Indiana

10. Usual occupation retired,

11. Industry or business x

12. Name Henry Morris,

13. Birthplace Indiana

14. Maiden name Sarah Ellen Fiscus

15. Birthplace Indiana

16. (a) Informant C. N. Murray,

(b) Address 6158 Charlotte, Kansas City, Mo.

17. (a) Removal (b) Date thereof 1-20-43

(c) Place: burial or cremation Burlington, Iowa.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

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 A. H. Owens (M. D. or other) 1002

Address 1034 Peckto Bldg Date signed 1-20-43

Dr. H. H. Owens  
*R. H. Owens*

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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 *E. M. Plank*

Licensed Embalmer No. *1848*

P. O. Address *T. C. Mo*

**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.**