S. No. 2
OM—2-43
v. 5-17-39
X35697

23987

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3096

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

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:
At Home-- 2804 Mersington /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 2804 Mersington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country d

3. (a) PRINT FULL NAME Maggie Adams Morris

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro 3

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife James E. Morris

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 15, 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months ~~11~~ 10 Days 26 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name James White
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant James Morris

(b) Address 2804 Mersington

17. (a) Burial (b) Date thereof 7/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 7-14-43 (b) D. E. Brown
(Date received local registrar) Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 11 day Sunday
year 1943 hour 7:15 minute A. M.

21. I hereby certify that I attended the deceased from 7/8, 1943 to 7/11, 1943
that I last saw her alive on 7/11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis

Due to Chronic myocarditis

Due to Cardiac Arrythmia

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy none.

Duration

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) no

(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?
—
(Specify type of place)

While at work? — (e) Means of injury —

23. Signature L. M. Tillman (M. D. or other) M.D.

Address 1618 Lydia Date signed 7/13/43

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(Licensed Embalmer's Statement on Reverse Side)

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 Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address: 2503 Highland

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.