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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 12 1943

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Jackson (Washington Twp)
(b) City or town Rural Grandview
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
140th & 71 Highway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 11 Years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Grandview (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. 140th & 71 Highway
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Ethan O. 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 Mrs. Irene Morris 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased January 1 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 9 22 hr. min.

9. Birthplace Mc Vey Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Manager

11. Industry or business Nat'l Life & Accident Ins. Co Nashville, Tennessee

12. Name Benjamin Morris

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

14. Maiden name Happy Buford
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Irene Morris

(b) Address 140th St. & 71 Highway, Grandview

17. (a) Burial (b) Date thereof Oct. 26, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcome Sr.

(b) Address 1401 Brush Creek Blvd.

19. (a) 107-43 (b) _____
(Date of local registrar) (Registrar's signature)

(c) _____
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1943 hour 3 minute 40 P. A. M.

21. I hereby certify that I attended the deceased from June 1939 19 _____ to October 19 _____

that I last saw him alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Metastasis of liver

Duration 5 yrs.

Due to unknown

Due to unknown

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none

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

Of autopsy none

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. Sign M. B. Casabell M.D. (M. D. or other)

Address 4400 Baltimore Rd. #25743

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

MOTHER FATHER

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.....
H. C. Newcomer

Licensed Embalmer No.....
2043

P. O. Address.....
H. C. Newcomer

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.