

S. No. 2
M-2.43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37415**
Registrar's No. **4863**

FILED DEC 3 1943
Registration District No. **1002**

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 Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2613 Olive Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 2613 Olive Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BENJAMIN F. MORRIS, JR.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or Race Negro

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased October 20, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>22</u>	hr. min.

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

10. Usual occupation Infant

11. Industry or business

MOTHER FATHER { 12. Name Benjamin F. Morris, Sr.

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

14. Maiden name Pearl Miles

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

16. (a) Informant Benjamin F. Morris, Sr.

(b) Address 2613 Olive Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/43
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Matthew Brad

(b) Address 1729 Lydia Avenue

19. (a) 11-17-43 (Date received local registrar)

(b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 - day 12 - year 43
hour minute M.

21. I hereby certify that I attended the deceased from 11-10-43
to 11-12-43
that I last saw him alive on 11-11-43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Pneumonia

Due to male neutrophils

Due to

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

Major findings: 107

Of operations

Of autopsy

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) (2) Means of injury

23. Signature [Signature] (M.D. or other)

Address 2200 E-18 Date signed 11-17-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Branlove*.....

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.