

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town J.C.
(c) Name of hospital or institution: 2832 Campbell 1
(d) Length of stay: In hospital or institution 4 days
In this community 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State colo (b) County 999
(c) City or town Denver - Colo
(d) Street No. 1328 - 16 St. St
(e) Citizen of foreign country? 2

3. (a) PRINT FULL NAME Andrew E. Morris
(b) If veteran, name war no
(c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7
year 1944 hour 1 minute 18 A.M.
21. I hereby certify that I attended the deceased from March 3, 1944
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W
6. (a) Single, widowed, married, divorced, wid
(b) Name of husband or wife Effie Morris
(c) Age of husband or wife if alive 18 1/2 years
7. Birth date of deceased April 18 1868

Immediate cause of death Acute congestive heart failure
Due to Arterio-sclerotic heart disease
Grade IV & Atrial fibrillation.
Due to _____
Other conditions _____
Major findings: _____
Of operations _____
Of autopsy _____

8. AGE: Years 75 Months 7 Days 19
9. Birthplace MO O
10. Usual occupation Labor

MOTHER FATHER {
11. Industry or business _____
12. Name Georgette Morris
13. Birthplace Ill 1
14. Maiden name Evelyn Olson
15. Birthplace Ill 1
16. (a) Informant Curtis Morris
(b) Address 2832 Campbell
17. (a) Burial (b) Date thereof 3-7-44
(c) Place: burial or cremation Protest no
18. (a) Signature of funeral director Mrs C. S. Donath
(b) Address 918 E. 23rd St
19. (a) 3-7-44 (b) T. E. Brown

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 9/7/44

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

Recd 5/4/54
M. R. S. [unclear] 1401 [unclear]
To 6450 R-5 P. [unclear]
Rd. [unclear]

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: *C. H. Wise*

Licensed Embalmer No. *2570*

P. O. Address: *R. C. [unclear]*

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.