

No. 2
1-5-43
5-17-39
X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10720**

FILED MAR 28 1944
Registration District No. **72**

Primary Registration District No. **3013**

Registrar's No. **34**

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town no Kan city mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 25 years years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Clay **24**

(c) City or town no Kan city mo
(If outside city or town limits, write "RURAL")

(d) Street No. 18th Burlington ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Roy. R. Morrison

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-07-8216

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Mar day 15 year 1944 hour 7:35 minute _____ a.m.

21. I hereby certify that I attended the deceased from _____ 19____

that I last saw _____ alive on _____ 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

4. Sex Male

5. Color of hair White

6. (a) Single, widowed, married, divorced 3

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 11 - 1881
(Month) (Day) (Year)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>8</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Waiter

11. Industry or business Business

12. Name Unknown

13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Police Department

(b) Address North Kan city

17. (a) Burial (b) Date thereof 3-12-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty mo

18. (a) Signature of funeral director Morton Amuse

(b) Address North Kan city mo

19. (a) Mar 17-1944 (b) Rich W Henry
(Date received local registrar) (Registrar's signature)

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) Coronary Occlusion

(b) Date of occurrence Mar 15 - 1944

(c) Where did injury occur? N. Kan city Clay mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
185 Burlington Public St.
(Specify type of place) **3**

While at work? no (e) Means of injury _____

23. Signature R. W. Proctor (M. D. or other)
Address Epstein Springs mo Date signed 3/15/44

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

3-27-44

APR 18 1944

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 *John S. Morton*

Licensed Embalmer No. 4349

P. O. Address *North Kan City 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.

Registration District No. 72

Primary Registration District No. 2013

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

1. PLACE OF DEATH:

(a) County Clay

(b) City or town no Kansas city
(Outside city or town limits, write "RURAL" and name of township)

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

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

In this community
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ray R. Morrison

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex m

5. Color or race w

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

6. (b) Name of husband or wife not known

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

7. Birth date of deceased July 11-18
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days
If less than one day, min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name

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

{ 14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

(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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

10720