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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20768

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 2556

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: 4108 Garfield
(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: 30 years

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.: 4108 Garfield
(If rural, give location)

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

3. (a) PRINT FULL NAME: Carrie M. Morris

3. (b) If veteran, name war: xx

3. (c) Social Security No.: xx

4. Sex: Fe.

5. Color or race: Wh.

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

6. (b) Name of husband or wife: Wesley Penn Morris (deceased)

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

7. Birth date of deceased: October (Month) 4 (Day) 1869 (Year)

8. AGE: Years 74 Months 8 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace: Troy (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Andrew D. Reed
13. Birthplace: unknown (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name: Susan Emma Hagler
15. Birthplace: unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant: Robert A. Reed
(b) Address: 4108 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-17-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Butler, Mo. (Oak Hill Cemty)

18. (a) Signature of funeral director: BENTLEY MORTUARY
(b) Address: 5811 Troost

19. (a) 6-17-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th year 1944 hour 10:00 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from Mar 5, 1944, 19__, to June 12, 1944, that I last saw h. alive on June 12, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma liver - metastatic — Duration

Due to: Primary malignancy in cecum

Due to:

Other conditions: HBP
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

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: G. L. Hamilton M.D. (M. D. or other)
Address: 315 Alameda Rd K.C. Mo Date signed: June 16, 44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hansbro

315 Alameda Road (Room 200)

OCT 9 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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.