

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Russell Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County 5th St. for aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Russell Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 200 East College
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edna E. Morris

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife George W. Morris 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased July 27 1906
(Month) (Day) (Year)

8. AGE: Years 37 Months 11 Days 15 If less than one day hr. _____ min. _____

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

10. Usual occupation House wife

11. Industry or business _____

12. Name John F. Chester

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

14. Maiden name Unknown

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

16. (a) Informant James Jackson County, Mo.

(b) Address Rt. Independence, Mo.

17. (a) Burial (b) Date thereof July 14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buckner Mo.

18. (a) Signature of funeral director Att & Mitchell

(b) Address 310 N. Main St. Indep. Mo.

19. (a) July 13, 1944 (b) F. M. Schuch
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1944 hour _____ minute 30 P.M.

21. I hereby certify that I attended the deceased from July 10 1944 to July 12 1944 that I last saw h. or alive on July 12 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral regurgitation

Due to _____

Due to _____

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

Major findings: 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) (e). Means of injury 0

23. Signature J. W. Seave (M. D. or other) _____

Address Independence Date signed 7/2/44

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

18
00

48

4

4

1

4

44

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 M. e.

....., Registered Apprentice No.
working under my personal supervision.

Signed Henry J. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.