

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

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Harrisonville
(If 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 _____)

In this community 65 years years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass

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

(d) Street No. 604 N Independence
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Kenneth B Morris

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14
year 1948 hour 5 minute 30A M.

21. I hereby certify that I attended the deceased from Aug. 24 to Jan 14, 1948
that I last saw him alive on Jan 13, 1948
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Willet Kenya Morris 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased: March 3 1859
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis
Atherosclerosis

Due to Hypertension & Chronic nephritis 6 yrs. 1 week.

Due to _____ 6 yrs.

Other conditions: None
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>10</u>	<u>11</u>	hr. min.

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

10. Usual occupation Home Maker

11. Industry or business _____

12. Name Isaac Pennington

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

14. Maiden name Alpha Pennington

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

16. (a) Informant B. M. Morris
(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof Jan 16-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO

19. (a) Jan. 15, 1948 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

Major findings: None

Of operations _____

Of autopsy None

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? no (Specify type of place) (c) Means of injury ✓

23. Signature D. E. Owen (M. D. or other) DD

Address Harrisonville Date signed 1/15-48

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 Ernest Runnenburger

Licensed Embalmer No. 3368

P. O. Address. Harrisonville 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.