

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
71845

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 888

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY

(c) Name of hospital or institution:
4511 OLIVE STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 1/2 YEARS (Specify whether years, months or days)

In this community 3 1/2 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")

(d) Street No. 4511 OLIVE STREET
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME MRS BLANCHE MORSE

3. (b) If veteran, name war NO

3. (c) Social Security No. NOIVE

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife FRANK E. MORSE

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased AUGUST 3 - 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 17 If less than one day hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business HOUSEWIFE

12. Name FLOYD HENSON

13. Birthplace KANSAS

14. Maiden name JENNIE BAUGHMAN

15. Birthplace INDIANA

16. (a) Informant J. E. Morse

(b) Address 4511 Olive

17. (a) BURIAL (b) Date thereof FEB. 23 - 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-23-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 20th
year 1945 hour 11 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 15, 1938 to Feb. 20, 1945
and that death occurred on the date and hour stated above.

That I last saw h.e.t. alive on Feb. 19, 1945

Immediate cause of death cerebral atrophy Duration 4 hours

Due to arteriosclerosis 15 years

Due to diabetic 10 years

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

Major findings:
Of operations 61

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 2

23. Signature Dr. James J. Britten (M. D. or other) 20
Address 1116 Chambers St. N. W. D.C. Date signed 2-21-45

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

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.