S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1945

Registration District No. 799

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 15986

Registrar's No. 2155

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: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 25 years
years, months or days)

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. 526 E. 11th
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carle Morell

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex male

5. Color or race White

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

6. (b) Name of husband or wife Hazel N. Morrell

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Dec. (Month) 23 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
58	4	23	hr. min.

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

10. Usual occupation Osteopathic doctor (Laborer)

11. Industry or business Rex Welding Co.

FATHER
12. Name N. H. Morrell
13. Birthplace unknown (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Florence Morrison
15. Birthplace unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mrs. Ronald C. Morell

(b) Address 2560 Alden, Kansas City, Ks.

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof May, 18, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (c) Signature of funeral director Echternacht FUNERAL HOME

(b) Address 1900 Central Ave. K.C. Kansas

19. (a) 5-18-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1945 hour 7 minute 30 A M.

21. I hereby certify that I attended the deceased from May 9, 1945, to May 16, 1945; that I last saw him alive on May 16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Perforated carcinoma of large intestine	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations

Of autopsy See above

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 Clark W. Healy MD (M. D. or other)
Med. Dir. K.C. Gen'l Hosp. #1
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Harold L. Echternacht

Licensed Embalmer No. 30335

P. O. Address 1908 Central Ave. Kansas City 2, Kan.

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.