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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36315

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4833

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: St. Lukes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 412 W. 47th Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ROBERT A. MORRISON

3. (b) If veteran, name war no

3. (c) Social Security No. 216-10-7908

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 27, 1901
(Month) (Day) (Year)

8. AGE: Years 44 Months 2 Days 26 If less than one day hr. min.

9. Birthplace Oswego, Kansas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

FATHER
12. Name Patrick J. Morrison
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Kneuhl
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Sarah Morrison
(b) Address 412 W. 47th Street

17. (a) Removal (b) Date thereof 11-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oswego, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 11-24-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23.
year 1945 hour 11 minute a M.

21. I hereby certify that I attended the deceased from Aug. 1st 1945, to Nov. 23 1945
that I last saw him alive on Nov. 23. 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia

Due to Gangrenous Stomatitis
Gangrene of Left Foot

Due to Embolism from Cardiac Infarction

Other conditions Coronary Occlusion
(Include pregnancy within 3 months of death)
Congestive Heart Failure

Major findings:
Of operations

Of autopsy 98.1

Duration

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 H. P. Baughman (M. D. or other) M.D.

Address K-C-2 Mo. Date signed 11/23/45

(Licensed Embalmer's Statement on Reverse Side)

H. P. Doughnon
315 Alameda Rd.

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 Elmer C. Wedelin

Licensed Embalmer No. 3495

P. O. Address N. 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.