

FILED JAN 31 1946  
Registration District No. 149

Primary Registration District No. 1002

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

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: MENDOTA HOSPITAL 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MONTHS  
(Specify whether years, months or days)

In this community 40 YEARS

3. (a) PRINT FULL NAME MR. FRANK ALLEN MORRIS

3. (b) If veteran, name war NO

3. (c) Social Security No. 500-12-2864

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. BERNICE MORRIS

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased MAY-15-1882  
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 25  
If less than one day hr. min.

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

10. Usual occupation BOOBY KEEPER

11. Industry or business COUNTRY CLUB BAIRY

12. Name JASPER MORRIS

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

14. Maiden name ANNIE WILLIAMS

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

16. (a) Informant MRS. BERNICE MORRIS

(b) Address 4430 TRACY AVENUE

17. (a) BURIAL (b) Date thereof JAN-12-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. W. Newcomer, son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 1-10-46 (b) Sesaldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 4430 TRACY AVENUE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9  
year 1946 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 1, 1945 to Jan 9, 1946  
that I last saw him alive on Jan 9, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Branchoyeni  
Parasitoma

Due to

Duration

10 mo.

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

Major findings: Of operations 47c

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harold Curran M. D. or other  
Address 214 1/2 84 Date signed 1/10/46

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**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 *A. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *KE 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.**