S. No. 2
M—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1633

FILED JAN 31 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 294

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

1454

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: 2937 Wayne, Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 60 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. 2937 Wayne 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Paul ~~Edward~~ Morris

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-2936

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary C. Morris

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Nov. 21, 1883 (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Saline County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Dabner Grocery

12. Name Valentine H. Morris

13. Birthplace Sangomon County Ill
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Wilhelm

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

16. (a) Informant Carl A. Morris

(b) Address 2937 Wayne, K.C. Mo.

17. (a) Burial (b) Date thereof 1-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address 1800 Linwood Blvd. K.C. Mo.

19. (a) 1-18-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 th year 1946 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from Mar 27, 1946 to Jan 17, 1946 that I last saw him alive on Jan 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Ca of colon

Due to —

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 [signature] (M. D. or other)

Address 303 Northwest Bldg Date signed 1-18-46

(Licensed Embalmer's Statement on Reverse Side)

Wirtman Bldg.
Va. 6400

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.....

Licensed Embalmer No. 2999

P. O. Address.....

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Jackson }

State File No.....
Local Registrar's No. 294

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 30th day of January, 1946 before me appears Carl A Morris, who, upon his oath, states that the original record of ~~birth~~ death for Paul Morris, ~~born~~ died Jan. 17, 1946, in the State of Missouri, and which was filed at K.C. Mo. on Jan. 18, 1946, should be corrected as follows:

Item No. 3 should read Paul Morris
Instead of Paul Edward Morris

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Carl A Morris
Relationship.

2937 Wayne
Present Address.

Subscribed and sworn to before me this 30th day of January, 1946.

My Commission expires Oct 20. 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
50M—4-43
I X36667

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