

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15810**

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **641**

**1. PLACE OF DEATH:**  
 (a) County Buchanan  
 (b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3611 So. 16th. St.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \*  
(Specify whether years, months or days)  
 In this community 50 Years

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Buchanan  
 (c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3611 So. 16th. St.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \*

**3. (a) PRINT FULL NAME** Charles E. Morris  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 31  
 year 1946 viewed 1 minute 30 P. M.  
 21. I hereby certify that I attended the deceased from  
May 31st 1946 to \_\_\_\_\_ 19\_\_\_\_  
 that I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced. Widowed  
 6. (b) Name of husband or wife Myrtle  
 6. (c) Age of husband or wife if alive \* years  
 7. Birth date of deceased October 2 1872  
(Month) (Day) (Year)

Immediate cause of death Suicide by fire  
arms

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>29</u>	hr. _____ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 \_\_\_\_\_  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Andrew County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Police detective

11. Industry or business St. Joseph Police Dep't.

12. Name Jonah B. Morris

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

14. Maiden name Mary Jane Bell

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

16. (a) Informant Mrs. Tom Byrne

(b) Address 3611 So. 16th. St.

17. (a) Burial (b) Date thereof June 3, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Hereward M. S. ...

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) June 5, 1946 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) Suicide  
 (b) Date of occurrence May 31st 1946  
 (c) Where did injury occur? St. Joseph Buchanan County  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Home  
 While at work? No (Specify type of place) Pistol  
 (e) Means of injury Coroner  
 23. Signature R. W. Tadlock \_\_\_\_\_  
King Hill Bldg \_\_\_\_\_ (M. D. or other)  
 Address \_\_\_\_\_ Date signed 6/4/46

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St Joseph 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.**