

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** **JUN 31 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23723

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3169

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 Hosp. A  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days 5 hrs. 20 min  
(Specify whether years, months or days)  
In this community 14 years

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. 4105 Independence Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Frances Faltstrom Morgan

3. (b) If veteran,

name war No

3. (c) Social Security

No. 487-16-7231

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Olan James

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

7. Birth date of deceased Dec. 20 1901  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
44 6 28 hr. min.

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

10. Usual occupation Houswife

11. Industry or business \_\_\_\_\_

12. Name James Sharp

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

14. Maiden name Evelyn Berry

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

16. (a) Informant Mrs. Marcia Stark

(b) Address 4105 Independence Ave.

17. (a) Burial (b) Date thereof July 22, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Independence Blvd.

19. (a) 7-20-46 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18  
year 1946 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept 15  
1946, to July 18, 1946  
that I last saw her alive on July 17, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix recurrent

Duration

10 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 480  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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 \_\_\_\_\_

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 Christa Milly M.D. (M. D. or other) \_\_\_\_\_  
Address 200 Summit Date signed 7-23-46

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.....

Licensed Embalmer No.....

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.**