. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23726

FILED AUG 5 1946

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 3231

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 520 Admiral / basement
(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 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 520 Admiral
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lizzie Morris
3. (b) If veteran, name war — no
3. (c) Social Security No. no
4. Sex Fe
5. Color or race Col
6. (a) Single, widowed, married, divorced Wid.
6. (b) Name of husband or wife George Morris
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased July (Month) 22 (Day) 1871 (Year)
8. AGE: Years 75 Months 0 Days 2 If less than one day ..... hr. ..... min.
9. Birthplace Lexington (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Unemployed
11. Industry or business
MOTHER FATHER
12. Name Louis Robinson
13. Birthplace (City, town, or county) Mo. (State or foreign country)
14. Maiden name Caroline Peters
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Mattie Miles
(b) Address 520 Admiral
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington Mo.
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th K.C. Mo
19. (a) 7-25-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 24 year 1946 hour 2 minute A. M.
21. I hereby certify that I attended the deceased from July 22, 1946 to July 24, 1946 that I last saw her alive on July 24, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pneumonia	
Pneumonia	
Due to Decomposed Food (meat)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 177.8	
Of autopsy 15	

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) accident 123
(b) Date of occurrence 7-21-46
(c) Where did injury occur? K.C. Jackson Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)
While at work? no (e) Means of injury decomposed food
23. Signature Chas E. Brown (M. D. or other)
Address 1196 Sedalia Cum. Date signed 7-26-46

(Licensed Embalmer's Statement on Reverse Side)

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. T. Moore

Licensed Embalmer No. 948

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.