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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 24 1947**  
Registration District No. 177

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

9596

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

Primary Registration District No. 5269

Registrar's No. 252

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: 87th and Blue Ridge Cutoff - Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NO.  
(Specify whether  
In this community 25 years  
years, months or days)

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. 87th and Blue Ridge Cutoff - Rural  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME William Raymond Morris  
3. (b) If veteran, name war no.  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 6  
year 1947 hour 8:25 minute A. M.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mrs. Ruth Morris  
6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased December 10 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan. 19 1947 to Feb. 6 1947  
that I last saw him alive on Feb. 5 1947  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
48 1 24 hr. min.

Immediate cause of death pulmonary hemorrhage and broncho pneumonia  
Due to Bronchogenic Carcinoma of left lung  
Due to cinoma of left lung  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations June 1946 - Inoperable carcinoma of left lung  
Of autopsy left lung

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

10. Usual occupation Parts Department

11. Industry or business Auto

12. Name John Morris

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

14. Maiden name Boucher

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

16. (a) Informant Mrs. Ruth Morris

(b) Address 87th Blue Ridge Cutoff, K.C., Mo.  
burial (c) Date thereof 2- -47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/7/47 (b) Mitchell Davis  
(Date received local registrar) (Registrar's signature)

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) no  
(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?) (c) Manner of injury \_\_\_\_\_

23. Signature Charles A. Lakay  
Address 1002 Inggle Date signed 2-6-47

APR 2 1947

*Walter  
Beatty R.M.*

Dr. Lakaytis

MAY 26 1948

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 *J. Clair Shippard*

Licensed Embalmer No. *4179*

P. O. Address *K. C. 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.