

7. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

FILED JUL 19 1947
149

Registration District No. _____ Primary Registration District No. 1002

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:
5910 Grand Avenue
(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 60 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME WILLARD MORRIS

3. (b) If veteran, name war No

3. (c) Social Security No. 493-12-4140

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Belle Morris

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased December 19th, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>6</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation President

11. Industry or business Central Business College

12. Name Nathaniel Morris

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

14. Maiden name Unknown

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

16. (a) Informant Clyde Morris

(b) Address 5930 Grand Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 - 8 - 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Mount Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 7-8-47 (Date received local registrar) (b) Heraldine Holman (Registrar's signature)

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. 5910 Grand Avenue
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th. year 1947 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Dec 27 to July 6 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma (Dissecting colon)

Due to myocardial dis.

Other conditions 462
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature Heraldine Holman (M. D. or other) _____

Address 1014 Olive Date signed 7/7/47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

2:00 to 5:00 a day
1012 Prof. B. 1329