No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26865

Registration District No. ____ Primary Registration District No. 1000 Registrar's No. 1058

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: 217 W. Poulin St (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: 45 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.: 1625 Beattie St (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ____

3. (a) PRINT FULL NAME: Ira E. Morris
3. (b) If veteran, name war: no
3. (c) Social Security No.: 500-09-6198
4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Pearl
6. (c) Age of husband or wife if alive: 48 years
7. Birth date of deceased: 12-8-1885 (Month) (Day) (Year)
8. AGE: Years 61 Months 8 Days 10 If less than one day ____ hr. ____ min.
9. Birthplace: Wathena, Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Painter
11. Industry or business: Ray Adams
FATHER 12. Name: Elwood Morris
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Frank Morris
(b) Address: 835 So 7th St, Kansas City, Ks
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Wathena, Ks
18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.
19. (a) 9-4-47 (Date received local registrar) (b) R. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 18 year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Had a heart stroke was dead when I saw him.
Due to: ____
Due to: General debility anaemia
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: 9
Of autopsy: 10

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): 131
(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? (e) Means of injury: ____
23. Signature: G. H. Thomason, M.D. (M. D. or other)
Address: Aug 21/47 Date signed: St Joseph Mo.

Jefferson City Printing Co. (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 Victor Barry

Licensed Embalmer No. 4212

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.