

No. 300
M-10-47
5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8839
Registrar's No. 1063

FILED MAR 20 1948
Registration District No. 149

Primary Registration District No. 1002

18
3
8
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:
4029 GARFIELD AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 36 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. 4029 GARFIELD AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GOLDA ELIZABETH MORRIS
(b) If veteran, name war NO
(c) Social Security No. 570-05-6959

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 6TH
year 1948 hour 8 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 6
1948 to March 6 1948
that I last saw her alive on March 6 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 21 1890
(Month) (Day) (Year)
8. AGE: Years 57 Months 8 Days 15
If less than one day hr. _____ min. _____

Immediate cause of death
Pneumonia
Arteriosclerosis
Due to Arteriosclerosis of coronary artery
Due to Femur fracture
Ca Breast Removal
Other conditions 3 yrs ago
(Include pregnancy within 8 months of death)

Duration
2 days

9. Birthplace JERICHO SPRINGS MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation STENOGRAPHER
11. Industry or business CROANAY PACKING CO.
MOTHER FATHER { 12. Name H.S. MORRIS
13. Birthplace FRANKLIN CO. OHIO
(City, town, or county) (State or foreign country)
14. Maiden name LILLIE CLARK
15. Birthplace BARNARD KANSAS
(City, town, or county) (State or foreign country)
16. (a) Informant MRS. GENNIE STOLL
(b) Address 4029 GARFIELD AVENUE
17. (a) REMOVAL (b) Date thereof MARCH 9 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation JERICHO SPRINGS, MO
18. (a) Signature of funeral director D.W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd
19. (a) 3-8-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations: See 50
Of autopsy NO

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 _____
(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?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature Geo W Griffith (M. D. or other) _____
Address 4029 Garfield Date signed 3/8/48

4000 Baltimore
10:30-

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..... *Robert Ray*

Licensed Embalmer No. *4182*

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.