

No. 300
-10-47
-17-39
P 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33048**
Registrar's No. **4062**

Registration District No. **149**

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: **St. Mary's Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Two days**
 In this community **3 years**
 (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Dr. Sakatoro Morimoto**
 3: (b) If veteran, name war **No**
 3: (c) Social Security No. **None**

4. Sex **Male** **4** **Japanese**
 5. Color or race
 6: (a) Single, widowed, married, divorced **Married**
 6: (b) Name of husband or wife **Mrs. Teru Morimoto**
 6: (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **February 11, 1887**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	7	24	hr. min.

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

10. Usual occupation **Dental Technician**

11. Industry or business

MOTHER, FATHER {
 12. Name **Don't Know**
 13. Birthplace **Japan**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Don't Know**
 15. Birthplace **Japan**
 (City, town, or county) (State or foreign country)

16: (a) Informant **Dr. Masato Morimoto**
 (b) Address **538 1/2 Highland Ave.**

17: (a) **Cremation** (b) Date thereof **10-8-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood Cemetery**
Freeman Mortuary

18: (a) Signature of funeral director
 (b) Address **Kansas City, Missouri**

19: (a) **10-6-48** (b) **Seraldine Holmes**
 (Date received local registrar) (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. **538 1/2 Highland Ave.**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country **Japan**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Oct.** day **5th.**
 year **1948** hour **3** minute **20 a.m.**
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Cerebral Hemorrhage	1 week
Hypertension	4 yrs.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: **83 N**
 Of operations
 Of autopsy **See Above**

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?
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (City, town) (County) (State)
(Pathologist)
 (Specify type of place) **A. E. Upsher**
 While at work Means of injury
 Signature **A. E. Upsher** (M. D. or other)
 Address **2800 Main** Date **10/5/48**

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 *Phillie H. Bennett*

- - - Licensed Embalmer No. *4438*

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.