No. 300
—10-47
5-17-39
P I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 29 1948 / 49

Registration District No.

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33020

Registrar's No. 3992

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~~: LAKESIDE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 10-DAYS (Specify whether
In this community 1 YEAR
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLAY 24
(c) City or town EXCELSIOR SPRINGS
(If outside city or town limits, write "RURAL")
(d) Street No. 103 NORTH MARIETTA
(If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country ITALY

3. (a) PRINT FULL NAME MRS. FRANCES E. L. MORRISON
3. (b) If veteran, name war NO
3. (c) Social Security No. 497-07-6504
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or ~~wife~~ MR. GEORGE MORRISON
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased OCTOBER 16 1907
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 ~~3~~ Days 24 ~~20~~ If less than one day hr. min.

9. Birthplace PALERMO ITALY
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business - - - - -
FATHER
12. Name FRANK LAUCIDILLA
13. Birthplace PALERMO ITALY
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MARGARET LA DUCA
15. Birthplace PALERMO ITALY
(City, town, or county) (State or foreign country)
16. (a) Informant MR. GEORGE MORRISON
(b) Address EXCELSIOR SPRINGS, MISSOURI
17. (a) REMOVAL (b) Date thereof OCT 2-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ ST. LOUIS, MISSOURI
18. (a) Signature of funeral director D. N. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 10-1-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 30TH
year 1948 hour 8 minute 05 P.M.
21. I hereby certify that I attended the deceased from Sept 27, 1948 to Sept 30, 1948
that I last saw her alive on Sept 29, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Embolus. arising in Hepatic Vein	1 minute
Due to Surg. Operation Cholecystectomy	3 days
Due to removal of white gallbladder (diseased)	Prem
Other conditions None (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations Cholecystectomy
Of autopsy None 127 b 2

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?
(Specify type of place)
While at work? — (e) Means of injury 2

23. Signature George J. Conley (M. D. or other) George J. Conley DO
Address 116 W. 47 KC Mo Date signed Oct 1/48

(Licensed Embalmer's Statement on Reverse Side)

116 West 47th Street

OCT 29 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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.