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National Office of Vital Statistics
FILED DEC 14 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36765
Registrar's No. 4896

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, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2503 Benton HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution HOME (Specify whether)
In this community 30 YRS
years, months or days

3. (a) PRINT FULL NAME PROF. J. OLIVER MORRISON

3. (b) If veteran, name war NO
3. (c) Social Security No. NONE

4. Sex MALE 2-
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ALMA MORRISON
6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased: AVE 16 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 10
If less than one day hr. min.

9. Birthplace PENN. 1
(City, town, or county) (State or foreign country)

10. Usual occupation MUSIC INSTRUCTOR

11. Industry or business LINCOLN HIGH SCHOOL KCMO

12. Name ALEXANDER MORRISON

13. Birthplace VIRGINIA 1
(City, town, or county) (State or foreign country)

14. Maiden name LEANA ARMSTRONG

15. Birthplace ALEXANDRIA VIRGINIA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alvin Morrison

(b) Address 2503 Benton, K.C. Mo.

17. (a) Burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND, K.C. Mo.

18. (a) Signature of funeral director J. E. Perry
(b) Address 1819 E. 15th K.C. Mo.

19. (a) 11-30-48 (Date received local registrar)
Stearldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY, MO., 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2503 BENTON BLVD
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1948 hour 8 minute pm.

21. I hereby certify that I attended the deceased from Nov. 15th
1948, to Nov. 26th, 1948
that I last saw him alive on November 26th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary athero-
sclerosis Duration

Due to Hypertensive Heart Disease

Other conditions J.P.
(Include pregnancy within 3 months of death)

Major findings: J.P.
Of operations
Of autopsy: ASD
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
Signature J. E. Perry (M. D. or other)
Address K.C. Mo. Date signed

DEC 21 1948

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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

W. G. Flynn

Licensed Embalmer No.

4383

P. O. Address

1819 E. 15th - Ke

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.