

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

12582

1336

|                                                                                                                                                                                                                               |  |                                                                                                           |  |                                                                                                                                             |  |                                                                                                                                                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO. ....                                                                                                                                                                                                                |  | REG. DIST. NO. <u>149</u>                                                                                 |  | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                          |  | Registrar's No. ....                                                                                                                                                                                                                                                |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                                                                                                                                                                 |  |                                                                                                           |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |                                                                                                                                                                                                                                                                     |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>                                                                                                                            |  |                                                                                                           |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Kansas City</u>                                          |  |                                                                                                                                                                                                                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>                                                                                                                                                               |  |                                                                                                           |  | d. STREET ADDRESS (If rural, give location)<br><u>6228 Swope Parkway</u>                                                                    |  |                                                                                                                                                                                                                                                                     |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                        |  | a. (First) <u>Josephine</u>                                                                               |  | b. (Middle) <u>MORRIS</u>                                                                                                                   |  | c. (Last) <u>MORRIS</u>                                                                                                                                                                                                                                             |  |
| 4. DATE OF DEATH                                                                                                                                                                                                              |  | a. (Month) <u>March</u>                                                                                   |  | b. (Day) <u>22</u>                                                                                                                          |  | c. (Year) <u>1949</u>                                                                                                                                                                                                                                               |  |
| 5. SEX <u>female</u>                                                                                                                                                                                                          |  | 6. COLOR OR RACE <u>white</u>                                                                             |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>                                                                       |  | 8. DATE OF BIRTH <u>April 5, 1873</u>                                                                                                                                                                                                                               |  |
| 9. AGE (In years last birthday) <u>75</u>                                                                                                                                                                                     |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u> |  | 11. BIRTHPLACE (State or foreign country) <u>Unknown</u>                                                                                    |  | 12. CITIZEN OF WHAT COUNTRY? <u>---</u>                                                                                                                                                                                                                             |  |
| 13a. FATHER'S NAME <u>Unknown</u>                                                                                                                                                                                             |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>                                                                  |  | 14. NAME OF HUSBAND OR WIFE <u>Logan Morris</u>                                                                                             |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>                                                                                                                                                                                         |  |
| 16. SOCIAL SECURITY NO. <u>none</u>                                                                                                                                                                                           |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Penske</u>                                                       |  | 18. ADDRESS <u>6228 Swope Pkway, K.C., Mo.</u>                                                                                              |  | 19. MEDICAL CERTIFICATION                                                                                                                                                                                                                                           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>                         |  |                                                                                                                                             |  | INTERVAL BETWEEN ONSET AND DEATH <u>7 hours</u>                                                                                                                                                                                                                     |  |
| *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                                                                                                                          |  | DUE TO (b) <u>Mitral insufficiency</u>                                                                    |  |                                                                                                                                             |  |                                                                                                                                                                                                                                                                     |  |
| DUE TO (c) <u>Arthritis</u>                                                                                                                                                                                                   |  |                                                                                                           |  |                                                                                                                                             |  |                                                                                                                                                                                                                                                                     |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                                                                           |  |                                                                                                           |  |                                                                                                                                             |  |                                                                                                                                                                                                                                                                     |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                        |  | 19b. MAJOR FINDINGS OF OPERATION                                                                          |  |                                                                                                                                             |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>                                                                                                                                                                                               |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>                                                                                                                                                                          |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Missouri, Jackson</u>                                                       |  | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)                                                                                                                                                                                                              |  |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                        |  | 21f. HOW DID INJURY OCCUR                                                                                 |  |                                                                                                                                             |  | 22. I hereby certify that I attended the deceased from <u>March 20, 1949</u> , to <u>March 21, 1949</u> , that I last saw the deceased alive on <u>March 21, 1949</u> , and that death occurred at <u>5:30 A.M.</u> , from the causes and on the date stated above. |  |
| 23a. SIGNATURE <u>Owen Krueger</u> (Degree or title)                                                                                                                                                                          |  | 23b. ADDRESS <u>304 E. 12th St., K. C., Mo.</u>                                                           |  | 23c. DATE SIGNED <u>3-22-49</u>                                                                                                             |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                                             |  |
| 24b. DATE <u>3-24-49</u>                                                                                                                                                                                                      |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's Cemetery</u>                                             |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>                                                                  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>                                                                                                                                                                                                       |  |
| DATE REC'D BY LOCAL REG. <u>3-23-49</u>                                                                                                                                                                                       |  | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>                                                              |  | ADDRESS <u>Kansas City, Mo.</u>                                                                                                             |  |                                                                                                                                                                                                                                                                     |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. H. H. H. H.  
3608 Paveo

about 7000 ft. sea  
level

JUL 26 1935

### 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ellen E. Heck*

Licensed Embalmer No. 4063

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.