

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30462**
4124

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4124</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 45 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 7538 Summit Street			
d. FULL NAME OF HOSPITAL OR INSTITUTION 7538 Summit Street				d. STREET ADDRESS (If rural, give location) 7538 Summit Street					
3. NAME OF DECEASED (Type or Print) a. (First) Cecil			b. (Middle) Joseph		c. (Last) Morris		4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 13, 1890		9. AGE (In years last birthday) 59	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman			10b. KIND OF BUSINESS OR INDUSTRY CRI & P. Ry.		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John R. Morris			13b. MOTHER'S MAIDEN NAME Melissa Wages			14. NAME OF HUSBAND OR WIFE Mrs. Clara C. Morris			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		(If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara C. Morris, 7538 Summit St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma, left & metastases <i>Chung Liver</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						INTERVAL BETWEEN ONSET AND DEATH 9 mos.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION as in above diag - Removal left kidney March, 1949						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			
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>June</u> , 1946, to <u>September 24</u> , 1949, that I last saw the deceased alive on <u>Sept 23</u> , 1949, and that death occurred at <u>1:35 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE Max S. Allen				(Degree or title) M.D.		23b. ADDRESS 411 Alameda Road, K.C., Mo.		23c. DATE SIGNED 9-24-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-26-49		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 9-26-49		REGISTRAR'S SIGNATURE Steraldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE Freeman Mortuary, Kansas City, Missouri				

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Walter H. Erwin

Signed.....
Student Embalmer

Licensed Embalmer No. 4352

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.