

FILED MAY 10 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16714
 1861

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. 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) 4 mo.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		- 58	
d. FULL NAME OF HOSPITAL OR INSTITUTION 63 rd Brookside Theatre				d. STREET ADDRESS (If rural, give location) 3510 GARFIELD 358			
3. NAME OF DECEASED (Type or Print) a. (First) MARGIE		b. (Middle) F.		c. (Last) MORRELL		4. DATE OF DEATH (Month) (Day) (Year) APRIL 29, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov. 10, 1916		9. AGE (In years last birthday) 34	10 UNDER 1 YEAR Months	11 UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY FRISCO R.R.		11. BIRTHPLACE (State or foreign country) MEMPHIS, TENN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME SAMUEL M. PACE		13b. MOTHER'S MAIDEN NAME HATTIE M. JENKINS		14. NAME OF HUSBAND OR WIFE HOWARD I. MORRELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 411-09-0762		17. INFORMANT'S SIGNATURE OR NAME ADDRESS. HOWARD MORRELL - 3510 GARF.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death tuberculosis autopsy report				INTERVAL BETWEEN ONSET AND DEATH 7955	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Geo. C. Kealhofer, Deputy Registrar				23b. ADDRESS 4050 Broadway, S.E. S.W.		23c. DATE SIGNED 4-30-51	
24a. BURIAL, CREMATION, REMOVALS REMOVALS		24b. DATE 4-30-51	24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) MEMPHIS - TENN.		
DATE REC'D BY LOCAL REG. 4-30-51		REGISTRAR'S SIGNATURE S. H. Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WORNALL FUNERAL HOME - 7406 WORNALL RD.			

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

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 *H. LeRoy Mooney*.....
Licensed Embalmer No. *4776*.....

P. O. Address.....

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.