

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27047

State File No.

Registration District No. 59

Primary Registration District No. 4105

Registrar's No. 131

1. PLACE OF DEATH

(a) County Pass
(b) City or town Pass
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether years, months or days)
In this community ✓

3. (a) PRINT

FULL NAME Mary Emma Morris
3. (b) If veteran, ✓ name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edmund Morris 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased man 3 (Month) 1889 (Day) (Year)

8. AGE: Years 58 Months 6 Days - If less than one day hr. min.

9. Birthplace: Caro Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation Home Maker

11. Industry or business

12. Name E. F. Bunker
13. Birthplace Pass (City, town, or county) (State or foreign country)
14. Maiden name William Murphy
15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Edmund Morris
(b) Address Harrisonville, Mo
17. (a) Will (Burial, cremation, or other) (b) Date thereof Sept 5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Will Cemetery

18. (a) Signature of funeral director RUNNENBURGER'S
(b) Address HARRISONVILLE, MO

19. Sept-4-1947 (Date received local registrar) Laura J. Jones (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pass
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 mi N.W. Harrisonville (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3
year 1947 hour 1 minute 00 M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw h. or alive on Sept. 3 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral

Due to Carcinoma of Lung 6 mo.

Due to 47D

Other conditions 47D
(Include pregnancy within 3 months of death)

Major findings: Of operations 47D
Of autopsy 47D

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

23. Signature W. J. Barger (M. D. or other) MD
Address Harrisonville, Mo Date signed 9-4-47

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.....

Ernest R. Kammnabinger

Licensed Embalmer No.

3368

P. O. Address.....

Harrisonville

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.