

JAN 19 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Dr. Harry McArthur  
45681  
Do not use this space.

1. PLACE OF DEATH

(a) County Stasper Registration District No. 411  
 (b) Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City St. Joseph (d) Street No. 2515 Connor St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 12 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Mary B. Morgan  
 (a) Residence, No. 2515 Connor St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Morgan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 26, 1863</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>9</u>
	DAYS <u>20</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>at Home</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>26</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bates Co. Missouri</u>		
FATHER	13. NAME <u>Bert HASKINS</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
MOTHER	15. MAIDEN NAME <u>CAROLINE JAMESON</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Millard Morgan</u> <u>2515 Connor</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I.C.O.F. Cem. Monett, Mo</u> DATE <u>DEC. 18, 1937</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Lanpher Mortuary</u> <u>St. Joseph, Mo.</u>		
20. FILED <u>12-17-37</u> <u>Ed D. James</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec. 15, 1937 to Dec. 16, 1937  
 I last saw him alive Dec. 15, 1937 Death is said to have occurred on the date stated above, at 9:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia Date of onset Dec. 15, 1937

Other contributory causes of importance:  
107a

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Ed D. James  
 (Address) St. Joseph, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Allen E. Lanpher, Licensed Embalmer No. 3574

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. 3574 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Allen E. Lanpher

Licensed Embalmer No. 3574

**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.)**