

660 MAR 13 1939

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

6560
Do not use this space.

1. PLACE OF DEATH
(a) County GREENE Registration District No. 318
(b) Township SPRINGFIELD Primary Registration District No. 2001
(c) City SPRINGFIELD (d) Street No. 323 W. PACIFIC St. 158
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME ALICE C. MORGAN
(a) Residence, No. 323 W. PACIFIC St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Reese Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
✓	85	6	4	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. In home
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) Bellefontaine Ohio

FATHER 13. NAME Amos Carigan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER 15. MAIDEN NAME Malinda Aley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Harry C. Morgan Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Cemetery DATE Feb 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. W. Kingman Springfield, Mo.

20. FILED 2-21 1939 Chas. A. Keegan Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 2, 12, 39, 19..... to 2, 20, 39, 19.....
I last saw her alive on 2, 19, 39, 19..... Death is said to have occurred on the date stated above, at 2.0 m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, lobar

Date of onset 2, 12, 39

Other contributory causes of importance:

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) J. D. Music, M. D.
Address Springfield, 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.

39
3
6

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.....

J. B. Klingner

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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, above space should be left blank.