

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.

REC'D APR 17 1939

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

9446

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Law Primary Registration District No. 1002 Registered No. 1052
(c) City Jansas City 1 (d) Street No. 200 West 53rd 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 200 West 53rd 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maie J. Morgan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 7, 1873</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>9</u>	DATE <u>29</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Live Stock</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>man</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>Belvidere Ill.</u>		
13. NAME <u>Henry Morgan</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Eunice Arnott</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Maie Morgan 200 West 53rd St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Emwood</u> DATE <u>Mar. 8 39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>A. M. Milcomer's Sons Brushcreek & Paels</u>		
20. FILED <u>Mar 8 1939 M. M. Crowe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan. 17, 1937, to March 6, 1939.
I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 11:05 p.m.
The principal cause of death and related causes of importance were as follows:
Congestive Heart Failure Date of onset Jan 39
97
Other contributory causes of importance: Hypertension
Arteriosclerosis

Name of operation Clinic Date of
What test confirmed diagnosis Clinic Was there an autopsy No.

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? No.
If so, specify
(Signed) T. P. Rayburn, M.D.
(Address) 1116 Prof. Bldg. K. P. Dr.

Wm. B. Bedy Jr. 2646

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 C. Harvey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. 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.