

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36856**

Registration District No. **660**

Primary Registration District No. **58752**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Perry** **NOV 20 1939**
(b) City or town **Rural**
(c) Name of hospital or institution: **21**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **74-7-24** (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Anson H. Morgan 625**

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Hattie A. Morgan** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 22 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	7	24	hr. _____ min.

9. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

MOTHER FATHER { 12. Name **William Morgan**
13. Birthplace **Perry Co. Missouri**
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name **Unknown**
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Ralph Morgan**

(b) Address **Perryville Trw. P.S.**

17. (a) **Burial** (b) Date thereof **Nov. 18 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Perryville Mo.**

18. (a) Signature of funeral director **Young & Sons**
(b) Address **Perryville Mo.**

19. (a) **Nov 17 1939** (b) **Joseph J. Fullam**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **16**
year **1939** hour **12** minute **20** A. M.

21. I hereby certify that I attended the deceased from **December 23, 1938, to November 15, 1939;**
that I last saw him alive on **November 15, 1939;**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis** Duration **2 1/3/38+**

Due to _____
Due to **ASC**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy **None**

PHYSICIAN
Underline the cause to which death should be charged statistically

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) (e) Means of injury _____
23. Signature **Bernard T. Keen, M.D.** (M. D. or other) _____
Address **Perryville, Mo.** Date signed **11/16/39**

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 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 _____

Licensed Embalmer No. 2138

P. O. Address Parisville 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.