

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38748**  
Registrar's No. **4512**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1002 Park**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **56 years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lucy Morgan** **625**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **Singled**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Dec. 7, 1882**  
(Month) (Day) (Year)

8. AGE: Years <b>56</b>	Months <b>11</b>	Days <b>13</b>	If less than one day hr. _____ min. _____
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9. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Scott Morgan**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sirene**

15. Birthplace **Ky.**  
(City, town, or county) (State or foreign country)

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

(b) Address **1910 16th**

17. (a) **Burial** (b) Date thereof **11-28-1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Watkins Bros.**

(b) Address **1729 Lydia**

19. (a) **Nov 27 1939** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **1**  
(a) State **Missouri** (b) County **Jackson**  
**Kansas City**  
(c) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1002 Park**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11-20-39** day \_\_\_\_\_  
year \_\_\_\_\_ hour \_\_\_\_\_ minute **08** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I am a \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Bonding pneumonia**  
Due to \_\_\_\_\_  
**W. George Coulter**  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death) **1978**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Aut**

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 **4** (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature **W. J. ...** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

FORM 6-17-39  
REV. 6-17-39  
U.S. GOVERNMENT PRINTING OFFICE: 1939

**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.....

*Robert M. Adams*

Registered Apprentice No. *178*

working under my personal supervision.

Signed.....

*D. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lyden*

**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.**