

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

39877
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
 (b) Township Kew, Washington Primary Registration District No. 5558 Registered No. 101
 (c) City Kansas City, Mo. (d) Street No. Armour Memorial Home 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 Miss Nannie Morgan,

(a) Residence, No. Armour Memorial Home 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 24, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY)

13. NAME Tyler Whitefield Morgan

14. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY)

15. MAIDEN NAME Susan A. Morgan

16. BIRTHPLACE (CITY OR TOWN) South Carolina (STATE OR COUNTRY)

17. INFORMANT Armour Memorial Home (ADDRESS) 81st & Wornall Road, K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE Nov. 8, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 12-7- 1939 R. V. Lindsey & Sons Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 1937 to Nov 5 - 1939

I last saw her alive on Nov 4 - 1939. Death is said to have occurred on the date stated above, at 5:00 pm
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis Date of onset

Other contributory causes of importance: Plaque Medullary

Name of operation Date of
 What test confirmed diagnosis? 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) Cyrus D. Coates M. D.
 (Address) 636 Argyle Bldg

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.

Dr. C. D. Cantrell
Dr. C. D. Cantrell
On 476 E 13th St.
H.A. 0147

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.....

Rewey Turner Jr. Registered Apprentice No. *222*
working under my personal supervision.

Signed *[Signature]*
Licensed Embalmer No. *1418-*
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.