

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.

Registration District No. 47

Primary Registration District No. 4027

Registrar's No. 26

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Adrian
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Since 1898 (Specify whether years, months or days)

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

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, divorced, Married
 6. (b) Name of husband or wife Florence E. Culver
 6. (c) Age of husband or wife if alive 78 years
 7. Birth date of deceased Jan 1st 1889
 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 18
 If less than one day hr. _____ min. _____

9. Birthplace Rutledge Tenn.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Retired Farmer

11. Industry or business _____
 MOTHER FATHER {
 12. Name William Morgan
 13. Birthplace Rutledge Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Maody
 15. Birthplace Rutledge Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs W B Maody
 (b) Address 2447 Oakwood - N. E. Mo.
 17. (a) Burial (b) Date thereof Dec 21 39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Crescent Hill cemetery

18. (a) Signature of funeral director Leath & Dix
 (b) Address Adrian Mo.
 19. (a) Dec 23-1939 (b) Ethel C. Stephens
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Adrian
 (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.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 19 day Dec.
 year 1939 hour 10 minute A. M.
 21. I hereby certify that I attended the deceased from many years
 _____, 19____ to Dec. 19, 1939;
 that I last saw him alive on Dec. 19, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia terminal
 Due to Primary arterio-sclerosis
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 1974

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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?
 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature E. E. Robinson (M. D. or other) m. D.
 Address Adrian, Mo. Date signed 12-19-39

RECEIVED

District Health Officer No. 7,

District File Number 1-40-91

Date Filed 1-9-40

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..... *Adrian M*

Licensed Embalmer No. 3650

P. O. Address Adrian M

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.