

FILED FEB 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

1715

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 50

1. PLACE OF DEATH:

(a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
on sidewalk 700 block N. 23rd. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 55 years

3. (a) PRINT FULL NAME CLEVELAND SMITH MORGAN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Maude Morgan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 16th. 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>18</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace DeKalb County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk Buchanan County Court

11. Industry or business _____

MOTHER FATHER { 12. Name Nathan Morgan
 { 13. Birthplace Mo.
(City, town, or county) (State or foreign country)
 { 14. Maiden name Pamelia Black
 { 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Fred Wickham
 (b) Address 525 E. Mo. Ave

17. (a) Burial (b) Date thereof Jan. 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director FLEEMAN & SON INC.
 (b) Address 1946 Calhoun St. Joseph, Mo.

19. (a) Jan. 17, 1940 (b) H. J. Nestor
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 712 N. 23rd.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th.
 year 1940 hour 7 minute 45 AM.

21. I hereby certify that I attended the deceased from Jan 16 '40
 _____, 19 40 to _____, 19 _____;

that I last saw him alive on _____, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Thrombosis

Due to _____
 Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none

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? _____

23. Signature B.W. Tadeo (Specify type of place) Coroner
(M. D. or other)
 Address King Hill Bldg Date signed 1/17/40

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

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. H. Swan

Licensed Embalmer No.

4082

P. O. Address

St Joseph

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.