

FILED MAR 4 - 1940
399

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(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 **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 Days**
(Specify whether years, months or days)
In this community **40 Years**

3. (a) PRINT FULL NAME **Mr. Harry Morgan**

3. (b) If veteran, name war **None**
3. (c) Social Security No. **487-05-4069**

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

6. (b) Name of husband or wife **Mrs. Emma Morgan**
6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **July 3 1874**
(Month) (Day) (Year)

8. AGE: Years **65** Months **7** Days **17**
If less than one day hr. min.

9. Birthplace **Paola Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Brick Mason**

11. Industry or business **Sheffield Steel Corporation**

12. Name **ylvester Morgan**

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

14. Maiden name **Bliss Carpenter**

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

16. (a) Informant **Mr. Emma Morgan**

(b) Address **1916 Cypress**

17. (a) Burial (b) Date thereof **Feb. 24, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Moriah Cemetery**

18. (a) Signature of funeral director **D.H. Newcomer's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **2-21-40** (b) **M.M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1916 Cypress Street**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20th** year **1940** hour **7** minute **25** P. M.

21. I hereby certify that I attended the deceased from **Jan 19, 1940** to **Feb 20 1940**

that I last saw him alive on **Feb 20 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Branchio Pneumonia** Duration **60?**

Due to **Hypertensive - Toxic from gangrenous condition of sigmoid int. & Col. Rect.**

Due to **Hardened Vessels**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Branchio Pneumonia**

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 **Ralph Perry M.D.** (or other)

Address **4800 E 24** Date signed **2-21-40**

4800 - East 24th Street
1:30.5

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 George M. Collier

Licensed Embalmer No. 3839

P.O. Address D.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.