No. 2
1-10-32
12-20-32
X 21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17380

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1907

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

1. PLACE OF DEATH:

(a) County Jackson 2

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2521 East 77 St. Terrace (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 2521 East 77 St. Terrace (If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Arthur Stephen Morgan 625 (Arthur Stephen Morgan)

3. (b) If veteran, name war none

3. (c) Social Security No. 495-05-5329

4. Sex M

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary C. Morgan

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May (Month) 22 (Day) 1886 (Year)

8. AGE: Years	Months	Days	If less than one day
53	11	14	hr. min.

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

10. Usual occupation Contractor

11. Industry or business

FATHER 12. Name John B. Morgan

FATHER 13. Birthplace no record (City, town, or county) Wales (State or foreign country)

MOTHER 14. Maiden name Mary A. Hughes

MOTHER 15. Birthplace St Joseph (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mary C. Morgan

(b) Address 2521 E. 77 St Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Bentley Mortuary

(b) Address 5811 Troost ave

19. (a) May 7, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6-40 year hour minute 4:45 A.M.

21. I hereby certify that I attended the deceased from May 6 1940, to May 6 1940; that I last saw him alive on May 5 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Squamous cell carcinoma of lower lip c̄ extension

Due to to surrounding tissues

Due to

Other conditions (Include pregnancy within 3 months of death) 45

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — 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 5

23. Signature Orton W. Pickles (M. D. or other)

Address K. C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Guy Buffington

Licensed Embalmer No. 2756

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.