FILED JUL 12 1940

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

21824

Do not use this space.

1. PLACE OF DEATH
(a) County: Harrison
(b) Township or (c) City:
Registration District No.: 341
Primary Registration District No.: 5478
Registered No.: 8
(d) Street No.: 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: 625 GEORGE W. MORGAN
(a) Residence, No.: Ridgeway St.
(Usual place of abode, if no street address, write county or city) Mo (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hattie Jacobs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 13, 1873

7. AGE: Years 67 | Months — | Days 20 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.: Stock (grain)
10. Date deceased last worked at this occupation (month and year): Mch 1940
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Akron Ohio

FATHER
13. NAME: George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dresden Ohio

MOTHER
15. MAIDEN NAME: Frances Frazier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dresden Ohio

17. INFORMANT (ADDRESS): Mrs. G. W. Morgan Ridgeway Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Akron DATE: May 5 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS): J. Morgan Ridgeway Mo

20. FILED: 5/5 1940 Leo Brewer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 3 1940

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5 1940, to Apr. 27 1940
I last saw him alive on Apr. 25 1940 Death is said to have occurred on the date stated above, at 9:15 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral + Coronary Arteriosclerosis	1935
Other contributory causes of importance: Abscess right shoulder - due to ruptured blood vessel	4-6-40

Name of operation: Abscess opened Date of: 4-18-40
What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: 4-5 1940
Where did injury occur? at home - Harrison Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place: at home - farming - tractor - ruptured
Manner of injury: Swell in shoulder - hemorrhage
Nature of injury: intra muscular

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed): [illegible], M. D.
(Address): 309 Bethany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should at CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 11
District File Number 740-1134
Date Filed JUL 6 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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