

AUG 19 1940

258

Primary Registration District No. 5364

Registrar's No. 9

1. PLACE OF DEATH:

(a) County DeKalb
(b) City or town Rural Sherman
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 83 years
In this community 83 years
years, months or days

8. (a) PRINT FULL NAME MELVINA MORGAN

3. (c) Social Security No. 625

4. Sex F 5. Color or race W 6. (a) Single, widowed, married divorced widowed

6. (b) Name of husband or wife Edward B. Morgan 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased July 7 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 29 Days 29 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business Hexam Morgan

12. Name _____

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

14. Maiden name Ellen Hall

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

16. (a) Informant Belva E. Morgan

(b) Address Amity Mo

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

(c) Place: burial or cremation New Hope

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City, Mo

19. (a) July 6 1940 (b) Registrar's signature Mrs. P. M. Davis
(Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DeKalb
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. Eight mi N.E. of Clarksville
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1940 hour 07 minute 30 A.M.

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

Immediate cause of death Cerebral Haemorrhage

Due to Arterio Sclerosis

Due to Hypertension

Other conditions 87 W
(Include pregnancy within 8 months of death)

Major findings: 87 W
Of operations _____

Of autopsy NO

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? 233
(Specify type of place) (e) Means of injury _____

23. Signature E. M. Reynolds (M. D. or other) _____
Address Union Mo Date signed 7/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 11,1

District File Number

840-1280

Filed AUG 14 1940

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

Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address *King City, 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.