

1940 JUL 13 1940

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

25859
Do not use this space.

1. PLACE OF DEATH 2

(a) County Monroe Registration District No. 611

(b) Township Seneca Primary Registration District No. 4365

(c) City Seneca (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(e) Length of residence in city or town where death occurred 14 yrs. 7 mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME COLUMBUS-ASBURY-MORGAN

(a) Residence, No. Seneca St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Morgan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>10</u>	<u>4</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) about 10 yrs 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) Monroe County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Richard Marion Morgan

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

MOTHER

15. MAIDEN NAME Lucinda Brady

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) unknown

17. INFORMANT Mollie Morgan (ADDRESS) Seneca Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Seneca Cemetery DATE July 30 1940

19. FUNERAL DIRECTOR (NAME) Beryl Borden 3904 (ADDRESS) Pittsburg, Kansas

20. FILED July 27 1940 Marle Sparlin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27- 1940

22. I HEREBY CERTIFY That I attended deceased from Oct 1 1939 to July 27 1940

I last saw him alive on July 27 1940 Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____

Other contributory causes of importance: Prostate and Kidney disease

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) A. B. Sweeney M. D. (Address) Seneca Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 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. 6,

District File Number 840-2431

Date Filed AUG 09 1940

92c

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 B. M. Logan

Licensed Embalmer No. 3904

P. O. Address Pittsburg Kansas

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25859

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 611

Primary Registration District No. 4365

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Seneca
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Columbus Asbury Morgan

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

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

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

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

8. AGE: Years 80 Months 10 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

3. MEDICAL CERTIFICATION

4. DATE OF DEATH Month July day 27 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, 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 Chronic Myo Cardia

Due to Chronic nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) Prostate and

Kidney Disease

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature T.B. Desmiles (M. D. or other) _____
Address Seneca Mo. Date signed _____

SUPPLEMENTAL

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

