No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27519

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 3152

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: 521½ East 12th Street 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether)
In this community 47 or 48 Yrs.
(years, months or days)

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.: 521½ East 12th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years.

3. (a) PRINT FULL NAME: Jesse Oliver Morgan L.D.
3. (b) If veteran, name war: None
3. (c) Social Security No.: 701-01-6240
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: None
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: March (Month) 22 (Day) 1874 (Year)

8. AGE: Years 66 Months 4 Days 14 If less than one day ... hr. ... min.

9. Birthplace: Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Salesman --Ret'd. 1 Yr.
11. Industry or business: Railway Messenger Express

MOTHER FATHER
12. Name: Ruben S. Morgan
13. Birthplace: Missouri (City, town, or county) O (State or foreign country)
14. Maiden name: Jenny Mann
15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Frank Morgan
(b) Address: 6323 Ruby Ave., K. C. Kan.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 9, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Gladstone, Kansas
18. (a) Signature of funeral director: Leslie F. Parker
(b) Address: Chelsea, Kansas
19. (a) Aug. 7, 1940 (Date received local registrar) (b) M. M. Drone (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ... day 8-6-40
year ... hour ... minute 2:45 P. M.
21. I hereby certify that I attended the deceased from ... 19..., to ... 19...;
that I last saw ... alive on ... 19...;
and death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema — Duration
Due to: Acute & chronic ~~kidney disease~~ Myocardial infarction
Due to: Coronary sclerosis
Other conditions (Include pregnancy within 3 months of death): 9413
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) (Specify type of injury) 5
23. Signature: Arthur N. Bakes (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.....Blaine E. Weibert

Licensed Embalmer No.....4075

P. O. Address 2332 Monitor St

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, fact should be so stated above.