

No. 2  
17-30  
X23199

Registration District No. **404**

Primary Registration District No. **5558**

Registrar's No. **84**

1. PLACE OF DEATH:  
 (a) County **Jackson, Wash. Twp**  
 (b) City or town **Kansas City, Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**1215 West 81st, Str., K.C. Mo. Residence.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **None** (Specify whether **2**)  
 In this community **34 Years.**  
 (years, months or days)

3. (a) PRINT FULL NAME **Fred O. Morgan, 625**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Alice Morgan,** 6. (c) Age of husband or wife if alive **years**  
 7. Birth date of deceased **May 23rd, 1872**  
 (Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **18** If less than one day  
 hr. min.

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

10. Usual occupation **Live Stock Commission.**

11. Industry or business

MOTHER FATHER { 12. Name **Fielden S. Morgan,**  
 13. Birthplace **Kentucky.**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Rose Ann Hood,**  
 15. Birthplace **Kentucky.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alice Morgan,**  
 (b) Address **1215 West 81st, Str., K.C. Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 13-40**  
 (Burial, cremation, or removal) (Day) (Year)  
**Mt. Washington,**  
 (c) Place: burial or cremation

18. (a) Signature of funeral director **Mrs. C.L. Forster**  
 (b) Address **918 Brooklyn Avenue, K.C. Mo.**

19. (a) **8-25-40** (b) **R. V. Lindsey & Son**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City, Missouri.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1215 West 81st, Str., K.C. Mo.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **11th,**  
 year **1940** hour **4:45 A.M.**  
 21. I hereby certify that I attended the deceased from **6-15-39**  
 to **8-11-40**  
 that I last saw him alive on **6-1-40**  
 and that death occurred on the date and hour stated above

Immediate cause of death **myocarditis** Duration

Due to **Serum Carcinomatox**

Due to **SK**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **Carcinoma of the prostate**  
 Of operations  
 Of autopsy  
 PHYSICIAN

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) Means of injury

23. Signature **Robert J. ...** (M. D. or other)  
 Address **505 ...** Date signed **8-12-40**

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

Dr. Clinton Smith,  
Office West Blvd  
Phone           

*Re: Home room Monday.*

*211*

NOV 30 1955

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. 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, fact should be so stated above.