

No. 2
-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29884

Registration District No. 840

Primary Registration District No. 6102

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Stoddard, Dushk
 (b) City or town Purico Mo R 2
 (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 2
 In this community 125
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard
 (c) City or town Purico Mo R 2
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME John Wesley Morgan
 (b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day Aug
 year 1940 hour 11 minute 15 P.M.
 21. I hereby certify that I attended the deceased from July 15
 1940, to Aug 3, 1940

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Margret Morgan
 6. (c) Age of husband or wife if alive 23 years
 7. Birth date of deceased Nov-20-1858
 (Month) (Day) (Year)

that I last saw alive on Aug 3, 1940
 and that death occurred on the date and hour stated above.
 Immediate cause of death Paralysis
Bleeds from

8. AGE: Years 81 Months 9 Days 13 hr. _____ min. _____
 9. Birthplace Crawfordsville Ind
 (City, town, or county) (State or foreign country)

Due to High Blood Pressure
 Due to old age
 Other conditions _____
 (Include pregnancy within 3 months of death)

10. Usual occupation Famer
 11. Industry or business _____
 12. Name W-M. Morgan
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Josephine Figs
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

Major findings: _____
 Of operations _____
 Of autopsy No
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Margaret Morgan
 (b) Address Purico Mo R 2
 17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rock Hills - 5-1940
 18. (a) Signature of funeral director Waters Tomb
 (b) Address Dexter Mo
 19. (a) 8-5-1940 (b) Bernard Dyer
 (Date received local registrar) (Registrar's signature)

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?

 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature E. J. Elmond (M. D. or other) _____
 Address Purico Mo Date signed _____

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

RECEIVED

District Health Officer No. 2

District File Number 940-1438

Date Filed 9/7/40

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.....

Virgil H. Welch
working under my personal supervision.

Registered Apprentice No.

Signed

Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Dexter, 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.