

Registration District No. **582**

Primary Registration District No. **4300**

Registrar's No. **35**

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify weeks)
In this community 1 mo
years, months or days

3. (a) PRINT FULL NAME Oscar A. Morgan

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Carrie Morgan 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Oct 27 th 1873
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Charles Morgan
18. Birthplace Va.
14. Maiden name Sallie Clark
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carrie Morgan
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 11/4/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery C. Cem

18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo

19. (a) Nov 15, 1940 (b) Buell Newfuss
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month XXII day 3
year 1940 hour 12 minute 10 pm M.

21. I hereby certify that I attended the deceased from June 5
1940 to November 3, 1940

that I last saw him alive on November 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration Nov 1 to Nov 3 1940

Due to Chronic nephritis, Senile

Due to Arteriosclerosis praecox → 1 yr

Other conditions Hypertension
(Include pregnancy within 7 months of death)

Major findings: Of operations none performed
Of autopsy not performed

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 Dr. C. H. Thompson (M.D. or other) MD
Address Spice Florence, Mo Date signed Nov 7, 1940

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

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 on the
3 rd day of November 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. I487

P. O. Address Montgomery 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.