

Registration District No. **314**

Primary Registration District No. **5429 B**

Registrar's No. **29**

38

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

1. PLACE OF DEATH:

(a) County Stout
(b) City or town Walsh Rural Co. Tenn.
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stout
(c) City or town Walsh Rural
(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. (a) PRINT FULL NAME Venus Morgan

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

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

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

7. Birth date of deceased April 12 1899
(Month) (Day) (Year)

8. AGE: Years 91 Months 7 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Champan

11. Industry or business Stout

MOTHER FATHER
12. Name Hubert
13. Birthplace Stout Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Philly Patton
15. Birthplace Stout Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. H. Peery
(b) Address Mr. Fall Mr. R. Fall

17. (a) _____ (b) Date thereof 12-8-40
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Walsh Rural Cemetery

18. (a) Signature of funeral director W. H. Peery
(b) Address Walsh Rural Missouri

19. (a) 12-8-40 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
year 1940 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from Dec 4
to Dec 6, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Senescence
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy NO

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

23. Signature J. H. Berger (M. D. or other) _____
Address Walsh Rural Date signed 12-7-40

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 Ma

Registered Apprentice No.

working under my personal supervision.

Signed

Clifford Brooks
Licensed Embalmer No. 3329

P. O. Address: Albany 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.