

1941 FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1353

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 313

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-7-41-1-18-41
(Specify whether years, months or days)
 In this community 23 years

3. (a) PRINT FULL NAME Clinton Morgan

3. (b) If veteran, name war No 3. (c) Social Security No. 512-01-8065

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

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

7. Birth date of deceased: 1 (Month) 18 (Day) 1897 (Year)

8. AGE: Years 44 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Loring Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
St. Clair, K. C. K.

11. Industry or business Wm. Morgan

12. Name Wm. Morgan

13. Birthplace Mo.
(City, town, or county) (State or foreign country)

14. Maiden name White Church / Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof Jan. 22, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bonner Springs, Kans.

18. (a) Signature of funeral director Adkins Bros.
 (b) Address 2000 E. 12th St.

19. (a) Jan 21 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 904 Euclid Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 18
 year 41 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-7- 1941 to 1-18- 1941,
 that I last saw him alive on 1-18- 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Aortic Regurgitation

Due to _____

Other conditions g.I.R.
(Include pregnancy within 3 months of death)

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) (e) Means of injury

23. Signature P. J. Turner (M. D. or other) _____
 Address Gen. Hosp #2 Date signed 1-20-41

MULTI-LEAD INK—USE UNWADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X1981

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 Edwin Evans

Licensed Embalmer No. 3836

P. O. Address. 1819 E. 15th

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.