

No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1457
417

State File No. _____
Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 4225 So. Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Yrs.
In this community 18 Yrs.
years, months or days

3. (a) PRINT FULL NAME Benj. Townsend Morgan
(b) If veteran, name war No.
(c) Social Security No. No.

4. Sex Male 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Morgan
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 23 1875
(Month) (Day) (Year)

8. AGE: Years 65 Months 6 Days 5
If less than one day hr. min.

9. Birthplace Jamestown N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Rubber Engineer

11. Industry or business _____

12. Name Frank Morgan

13. Birthplace Krantoni N.Y.
(City, town, or county) (State or foreign country)

14. Maiden name Eunice Carey

15. Birthplace N.Y.
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morgan

(b) Address 4225 So. Benton

17. (a) Burial (b) Date thereof Jan. 29-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) Jan 28, 1941 (b) M. M. Browne
(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. 4225 So. Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 28
year 1941 hour 1 minute 25 A M.

21. I hereby certify that I attended the deceased from Jan. 28, 1941, to Jan. 28, 1941,
that I last saw him alive on Jan. 28, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day
Duration

Due to 94 A

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy None

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? _____

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

23. Signature Kenneth G. Davis M.D. (M. D. or other) _____
Address 3301 Woodland Date signed 1-28-41

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..... *Chas Wilkes*.....
Licensed Embalmer No. *2644*.....
P. O. Address *1800 Pinewood*.....

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.