

No. 2
-13-40
-17-39
X23159

FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1840
Registrar's No. 70

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(c) Name of hospital or institution: 1613 1/2 Frederick Ave.
(d) Length of stay: In hospital or institution None
In this community 24 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(d) Street No. 1613 1/2 Frederick Ave
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME William Daniel Morga
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 15th
year 1941 hour 1 minute 15 A. M.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased April 11 1858

21. I hereby certify that I attended the deceased from Oct 15 1940 to Jan 15 1941; that I last saw him alive on Jan 10 1941 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 9 Days 4

Immediate cause of death: Mitral Insufficiency
Due to: Atherosclerosis

9. Birthplace New Albany Indiana

Due to: 92 B
Other conditions: (Include pregnancy within 3 months of death)

10. Usual occupation Minister
11. Industry or business Methodist Church

MOTHER FATHER
12. Name John Morga
13. Birthplace Unknown Germany
14. Maiden name Unknown
15. Birthplace Unknown Germany

Major findings:
Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Carrie Morga
(b) Address 1613 1/2 Frederick Ave. St. Joseph

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof Jan. 17, 1941
(c) Place: burial or cremation Memorial Park CemT

(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director H.O. Sidenfaden & Son
(b) Address 1802 Union Str. St. Joseph, Mo.

85
While at work? (Specify type of place)
(e) Means of injury

19. (a) Jan. 16, 1941 (b) [Signature] Registrar's signature

23. Signature J.R. Elliott (M. D. or other) [Signature]
Address 801 1/2 Francis [Signature] Date signed Jan 15 1941

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Albert C. Harrington

Licensed Embalmer No. *3258*

P. O. Address *St. Joseph, 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, fact should be so stated above.