

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5875**
647
Registrar's No. _____

MAR 14 1941
Registration District No. _____

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
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 5707 Paseo - 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 4 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 5707 Paseo
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME DELEVAN MORGAN
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife DELEVAN 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased APRIL 29-1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Jonestown New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Chemist

11. Industry or business _____

12. Name Frank Morgan

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

14. Maiden name Luise Smith

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ella La Pierre
 (b) Address 5707 Paseo

17. (a) CREMATION (b) Date thereof FEB. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director J. P. Lewis
 (b) Address 3400 Woodland

19. (a) 2/13/41 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 27-41
 year _____ hour _____ minute 7:30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____;
 that I last saw _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Due to Chronic Myocardial Degeneration

Due to Coronary Occlusion on Coronary Arteriosclerosis

Other conditions (include pregnancy within 3 months of death) 94a

Major findings: Of operations 94b
 Of autopsy _____

Duration _____
 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) _____ (e) Means of injury 3
 23. Signature Russell [unclear] (M. D. or other) _____
 Address TC [unclear] Date signed _____

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.....

E. P. Casey 197

Licensed Embalmer No.

P. O. Address.....

H. Corrie

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.