FILED MAY 15 1941

No. 1-1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14426

Registration District No. 288 Primary Registration District No. 4173 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Presnell Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Kennett--Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7Mi, No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha Ann Morgan
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race White
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 Nov. 29 (Month) 1888 (Day) (Year)
8. AGE: Years 52 Months 4 Days 27 If less than one day hr. min.
9. Birthplace Kennett, Mo. Rural (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name William J. Morgan
13. Birthplace Viena, Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sarah E Carher
15. Birthplace Viena, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Sarah C Morgan
(b) Address RFD 2 Kennett, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27 41 (Month) (Day) (Year)
(c) Place: burial or cremation Gregory
18. (a) Signature of funeral director Paul Sahuman
(b) Address Kennett, Mo.
19. (a) 4-25-41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 25 day year 1941 hour 5 minute 15 P.M.
21. I hereby certify that I attended the deceased from 4-19-41, 19..., to 4-25-41, 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Vascular collapse	
Due to: Carcinoma of S.B. & Liver with metastasis	6 Months
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations Carcinoma of S.B. & Liver
Of autopsy No

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 [illegible] (M. D. or other) M.D.
Address Kennett, Mo. Date signed 4-25-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer
District File Number 541
Date Filed 5/14/

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 S. P. Salmon

Licensed Embalmer No. 2556-

P. O. Address Kennett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—4-25-41
PI X27852

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14426

Registration District No. 288 Primary Registration District No. 4172 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett
(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. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Martha Ann Morgan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 27 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 25 year 1941 hour minute M.

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

Immediate cause of death Vascular Collapse Duration

Due to Carcinoma of G.B and liver with metastasis

Due to Unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operation Carcinoma of G B and liver
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 S R Russell (M. D. or other) MD

Address Kennett, MO Date signed

SUPPLEMENTARY

ROWENA MOORE

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

S-14426