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

FILED JUN 6 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19192

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 967

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0 Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 5/5/41 (Specify whether

In this community Since 5/5/41. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne 110 0 0

(c) City or town Taskee (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 George V. Morgan

3. (b) If veteran, name war World War

3. (c) Social Security No. None.

4. Sex 0 Male

5. Color or race White

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

6. (b) Name of husband or wife Minnie

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

7. Birth date of deceased July (Month) 26, (Day) 1895 (Year)

8. AGE: Years 45 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Taskee (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unavailable
13. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unavailable
15. Birthplace Unavailable (City, town, or county) 9 (State or foreign country)

16. (a) Informant M. Schillig

(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 9 (Day) 1941 (Year)

(c) Place: burial or cremation Taskee Mo

18. (a) Signature of funeral director Greer Croy-Lemmick

(b) Address Poplar Bluff Mo

19. (a) MAY - 7 1941 (Date received local registrar) (b) T. R. Meyer M.D. Dep. N. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1941 hour 3:45 minute a.M.

21. I hereby certify that I attended the deceased from May 5, 1941 to May 7th, 1941 that I last saw him alive on May 7th, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, active (C).	Unknown.
Due to	
Due to	
Other conditions Malaria, tertian. (Include pregnancy within 3 months of death)	Unknown.

Major findings: Of operations -

Of autopsy No autopsy. Refused.

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) no

(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 C. W. Hughes (M. D. or other) D

Address C. W. HUGHES, M.D., Chief Medical Officer. Date signed 5/7/41.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.