

REGISTRATION DISTRICT NO. 201

Primary Registration District No. 5280

State File No.

Registrar's No. 89

## 1. PLACE OF DEATH:

(a) County Clay  
 (b) City or town Liberty, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: at home R.R. #1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 20 yrs years, months or days

## 3. (a) PRINT FULL NAME

Geo W Morgan

## 3. (b) If veteran,

name war no

## 3. (c) Social Security

No. no

## 4. Sex

M5. Color or race W6. (a) Single, widowed, married, divorced widowed6. (b) Name of husband or wife Dead

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

## 7. Birth date of deceased

Feb 11-1868

(Month)

(Day)

(Year)

## 8. AGE:

Years

Months

Days

If less than one day

73516

hr. \_\_\_\_\_ min.

## 9. Birthplace

Carrollton

(City, town, or county)

Missouri

(State or foreign country)

## 10. Usual occupation

Retired Farmer

## 11. Industry or business

MOTHER FATHER

12. Name Wm Morgan13. Birthplace Michigan

(City, town, or county)

(State or foreign country)

14. Maiden name Sarah Francis Lee15. Birthplace Missouri

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Mrs Wm Frakes(b) Address 20 Liberty Mo.17. (a) Burial (b) Date thereof 9/28/41

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery18. (a) Signature of funeral director James Bell Funeral Home(b) Address Liberty Missouri19. (a) Sept 28-41 (b) Heleen Early

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
 (c) City or town Liberty  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Missouri R.F.D.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? American years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27<sup>th</sup>  
 year 1941 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from  
January, 1940 to Sept 27<sup>th</sup>, 1941;  
 that I last saw him alive on Sept 27, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Endocarditis -

Duration

12 Months

Due to Coronary Protuberance  
Brig of Quin V  
 Due to Atherosclerosis

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
 the cause to  
 which death  
 should be  
 charged sta-  
 tistically.

## 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?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature Giffin F. Simmons (M.D. or other) D.O.  
 Address Oak Hills Mo Date signed 9/27/41

RECEIVED  
District Health Officer No. 8,  
District File Number  
10-13-41  
to Filed

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

Signed Peter E. Smeyinger  
Licensed Embalmer No. 2896  
P. O. Address Liberty mo

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

**If this body is not embalmed, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 31372

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Liberty  
(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 20 yrs  
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 Geo. W Morgan

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 11 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>		_____ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_ (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_; \_\_\_\_\_ 19\_\_\_\_;

that I have seen him \_\_\_\_\_ live on \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to Enlarged prostate

Due to Bright disease & Arteriosclerosis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SUPPLEMENTARY

S-31373 1941