

Registration District No. **413**

Primary Registration District No. **4245**

Registrar's No. **42**

1. PLACE OF DEATH **FILLED NOV 6 1941**  
 (a) County **Jasper**  
 (b) City or town **BRONOCO**  
 (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 **lifetime** years, months or days \_\_\_\_\_

3. (a) PRINT FULL NAME **Blanche Morgan**  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Widowed** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Oct 5 1877**  
 (Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **23** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name **Rodney Turner**  
 13. Birthplace **Kentucky**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Veneretta Black**  
 15. Birthplace **Kentucky**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Rhoda White**

(b) Address **Bronoco Mo**

17. (a) **Burial** (b) Date thereof **Oct 30 1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bronoco Cem**

18. (a) Signature of funeral director **W. H. C. [Signature]**

(b) Address **W. H. C. [Address]**

19. (a) **Oct 30 41** (b) **[Signature]**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Missouri** (b) County **Jasper**  
 (c) City or town **Bronoco** 049  
 (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **28**  
 year **1941** hour **9:25** minute **0** M.

21. I hereby certify that I attended the deceased from **Oct 28 1941** to **Oct 28 1941**;  
 that I last saw **or** alive on **Oct 28 1941**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations **[Signature]**

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 **[Signature]**

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_

Address **[Address]** Date signed **12/1/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

41-11-889  
DEC 13 1941

**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 Clayton W. Johnston

Licensed Embalmer No. 3922

P. O. Address Web City, Mo

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

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