S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

J. W. Whitaker
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3004

Registration District No. 604 Primary Registration District No. 6263 Registrar's No.

1. PLACE OF DEATH:
(a) County New Madrid Hough
(b) City or town Rural Huff
(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 19 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles South W. of E. Prairie
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SUSAN MARY MORGAN
3. (b) If veteran, name war ✓
3. (c) Social Security No. none
4. Sex Fem.
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4, 1870
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
77	6	7	hr. min

9. Birthplace Union Co. Kentucky
(City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Allen Monroe
13. Birthplace Webster Co. Kentucky
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Annie Greer
15. Birthplace Union Co. Kentucky
(City, town, or county) (State or foreign country)
16. (a) Informant George Morgan
(b) Address Matthews, Mo. Rt. 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. [illegible] 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Charleston
18. (a) Signature of funeral director Travis Shelby
(b) Address East Prairie Mo.
19. (a) Jan. 24 1942 (Date received local registrar) (b) Alice Spitler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
year 1942 hour 12 minute P. 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.

	Duration
Immediate cause of death Diabetes, By Dr Ricard Pneumonia	
Due to	
Due to	
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 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 Leo Hedgepeth Deputy Coroner (M.D. or other)
Address New Madrid Mo. Date signed Jan. 24 1942

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 2-42-193
Date Filed 2-10-42

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 not embalmed

, Registered Apprentice No.

working under my personal supervision.

Signed Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie Mo.

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.