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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6573

FILED FEB 27 1942

Registration District No. 2487 Primary Registration District No. 3016 Registrar's No. 2

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington Tun.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 3 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. Washington R.F.D. #1 E
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME HOWARD DANIEL MORGAN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male

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 December (Month) 19 (Day) 1941 (Year)

8. AGE: Years 0 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business ✓

FATHER
12. Name Lester Joseph Morgan
13. Birthplace Perryville (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Lorene Vida Rackley
15. Birthplace Dalton (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Lester Joseph Morgan
(b) Address Washington, Mo. R.F.D. #1 E

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vid, Inc.
(b) Address Washington, Missouri

19. (a) Jan. 5 1942 (Date received local registrar) (b) H. A. Neay (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4 year 1942 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from December 19, 1941, to January 4, 1942, that I last saw him alive on January 4, 1942, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Convulsion	24 hours
Due to Cerebral Hemorrhage	15 days
Due to Birth Injury	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

160 C

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 Charles E. Sutton (M. D. ~~or other~~)

Address 115 Elm St. Washington Mo. Date signed 1/5/42

Sutton

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(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 me Lester H. Vitt, ~~Registered Apprentice~~ No. ....., working under my personal supervision.

Signed Lester H. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, 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.