S. No. 2
—1-4-41
. 5-17-39
PI X26390

5
3
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 4 1942

Registration District No. 5633

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5633

State File No. 14780

Registrar's No. 7-64

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State San
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 148 days (Specify whether
In this community 148 days — years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon 75

(c) City or town Koshkonong — 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Margaret Morgan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

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 July (Month) 2 (Day) 1920 (Year)

8. AGE: Years 21 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Lyons (City, town, or county) Lee (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Morris H Morgan
13. Birthplace Nowata (City, town, or county) Okla (State or foreign country)

MOTHER
14. Maiden name Martha Romans
15. Birthplace Westphal (City, town, or county) Mo (State or foreign country)

16. (a) Informant E. McMichael Record Clerk

(b) Address Missouri State San

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/31/42 (Month) (Day) (Year)

(c) Place: burial or cremation Koshkonong Mo.

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) April 20-1942 (Date received local registrar) (b) Anna Whinny (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st year 1942 hour 12:20 minute p M.

21. I hereby certify that I attended the deceased from Nov 4th 1941 to Mar 31 1942 that I last saw her alive on Mar 31 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia — Duration 10 days

Due to 107

Due to

Other conditions Bronchiectasis — (Include pregnancy within 3 months of death)

Major findings: Of operations Empyema Br Pn

Of autopsy Empyema Bronchiectasis

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 A Brasher (M. D. or other)

Address Mt Vernon, Mo Date signed 3-31-42

1152

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 542-646
Date Filed MAY 7 1942

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 Herman M Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.