

BUREAU OF THE CENSUS
FILED JUL 22 1942

State File No.

Registration District No. 1

Primary Registration District No. 200-5850

Registrar's No. 178

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: L.A. Jones Farm - D. W. Ely, Richsville
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Adair

(c) City or town Richsville 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1001 N. Edge 3
(If rural, give location)

(e) Citizen of foreign country? — 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME SILAS ALB. MORGAN

(b) If veteran, name war _____

(c) Social Security No. 498-14-0412

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12.
year 1942 hour 9 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Edna 6. (c) Age of husband or wife if alive no. 19 years

7. Birth date of deceased Dec - 1888
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death A. Cereb. Myocarditis

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>5</u>	<u>23</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 938

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

10. Usual occupation Farmer

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER

12. Name Joe Morgan

13. Birthplace Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name Andrews

15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence June 12 - 1942

(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? _____

16. (a) Informant Henry Morgan

(b) Address Richsville Mo

17. (a) Burial (b) Date thereof 6/14/42
(Burial, cremation, or removal) (Month) - (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director SUMMERS POWELL

(b) Address 1150 N. 4th St. Mo. O

19. (a) June 13, 1942 (b) Mrs. J. M. Waynes
(Date received local registrar) (Registrar's signature)

While at work? Y (Specify type of place)

(e) Means of injury Coroner

23. Signature W. B. Summers (M.D. or D.D.S.)
Address Richsville Date signed 6/12-42

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

RECEIVED

District Health Officer No. 10

District File Number 7-42-1472

Date Filed JUL 21 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 W. C. Summers

Licensed Embalmer No. 2159

P. O. Address Tiskville Ma

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.