

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20728
State File No. 211
Registrar's No. 555

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County BUCHANAN
(b) City or town ST-JOSEPH
(c) Name of hospital or institution:
3212-NORTH-17
(d) Length of stay: In hospital or institution ABT-22-YRS
In this community ABT-22-YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County BUCHANAN
(c) City or town ST-JOSEPH
(d) Street No. 3212-NORTH-7-7
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME GEORGE-R-MORGAN
(b) If veteran, name war NO (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 30
year 1942 hour abt 10 minute A. M.
21. I hereby certify that I attended the deceased from Feb 5
to May 30 1942
that I last saw him alive on March 3 1942
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color of hair Blk 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Max Elizabeth Morgan 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 14 1873

Immediate cause of death - Hypertensive Heart Disease
artercular fibrillation Duration 6 yrs

8. AGE: Years 69 Months 11 Days 16 If less than one day _____ hr. _____ min.

Due to arterial Hypertension 3 years

9. Birthplace Forbes Mo.

10. Usual occupation Ret Employee

Other conditions (Include pregnancy within 3 months of death) 950

11. Industry or business W. H. Morgan

12. Name W. H. Morgan

13. Birthplace York Tenn

14. Maiden name Louise Ellis

15. Birthplace York Tenn

16. (a) Informant Mrs L. Brown

17. (a) removal (b) Date thereof June 1-42

18. (a) Signature of funeral director Roy Blaney

Major findings: Of operations _____ 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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. J. Phares (M. D. or other) MD
Address Madison Bldg Date signed 5/31/42

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

MOTHER FATHER

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..... *John Roy Stamey*
Licensed Embalmer *2435*
P. O. Address *St Joseph Med*

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.