

FILED JUL 15 1942

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 97

1. PLACE OF DEATH:
Nodoway
(a) County Maryville City
(b) City or town Maryville City
(c) Name of hospital or institution St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodoway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Morgan
(b) If veteran name war
(c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month July day 8 year 1942 hour 8:05 minute 05 A.M.

4. Sex Female
5. Color white
6. (a) Single, widowed, divorced, or married Married
(b) Name of husband or wife C. E. Morgan
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased July 19 1864 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 5 1942 to July 8 1942 that I last saw her alive on 7th and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 77 | II | 19 | hr. min. |

Immediate cause of death: General toxemia due to necrotic breast
Due to Carcinoma of breast

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

Due to Carcinoma of breast
Due to

10. Usual occupation Housewife.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 50

11. Industry or business Jacob Sly.

Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Margaret Keyes
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Margaret Keyes
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Fogg
(b) Address Mound City Mo

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) Burial (b) Date thereof July 9th 1942 (c) Place: burial or cremation Mound City Mo

(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?
While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director W. H. Crawford
(b) Address Mound City Mo

23. Signature H. M. Nelligan (M. D. or other) M.D.
Address Maryville Mo Date signed 6-5-42

19. (a) July 9 1942 (b) (c) (Date received local registrar) (Registrar's signature)

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

74
1
2

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.H. Crawford

Licensed Embalmer No.....

1824

P. O. Address.....

Mound City, 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.