

FILED AUG 1 1942

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2772**

48
830

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: Leeds + B M Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 mos 24 days
(Specify whether years, months or days)

In this community 2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1701 C 10th Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emma Morgan

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race 3 Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter Morgan 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March 10 1883
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>4</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation House Work

11. Industry or business at Home

MOTHER FATHER

12. Name Abraham Street

13. Birthplace Newsam Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Martha Spurling

15. Birthplace Newsam Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Edward T B M Hosp

(b) Address Leeds, Missouri

17. (a) Burial (b) Date thereof 7-20-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westlawn

18. (a) Signature of funeral director W. H. Jones

(b) Address 440 State

19. (a) 7-20-42 (b) H. H. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1942 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 9-22 1941, to 7-10 1942
that I last saw him alive on July 16 6:30 PM, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary tuberculosis

Due to _____

Due to 13 B 1

Other conditions (Include pregnancy within 3 months of death)

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? _____ (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) _____ (a) Means of injury _____

23. Signature Edwyn (M. D. or other) _____

Address C. G. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

361

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 Ernie English

Licensed Embalmer No. 4405

P. O. Address. 440 State Ave. N.C.

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.