

BUREAU OF VITAL STATISTICS
AUG 18 1942

Registration District No. **125**

Primary Registration District No. **3009**

Registrar's No. **212**

1. PLACE OF DEATH:

(a) County **Cape Girardeau**
(b) City or town **Cape Girardeau**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St Francis Hosp. O**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **8 days** (Specify whether
In this community **8 days**
years, months or days)

3. (a) PRINT FULL NAME **MAXINE MORGAN**

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **W** 6. (a) Single, widowed, married. **Divorced 5/19/16**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **SEPT 20 - 1904**
(Month) (Day) (Year)

8. AGE: Years **3** Months **9** Days **24** If less than one day hr. min.

9. Birthplace **New Madrid Co Mo O**
(City, town, or county) (State or foreign country)

10. Usual occupation **Child**

MOTHER FATHER

11. Industry or business _____
12. Name **Ray Morgan**
13. Birthplace **New Madrid Co Mo O**
(City, town, or county) (State or foreign country)
14. Maiden name **Elena Atkins**
15. Birthplace **Mississippi Co Mo O**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray Morgan**
(b) Address **East Branch Mo.**

17. (a) **Burial** (b) Date thereof **7/15-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Raywood**

18. (a) Signature of funeral director **Richard L. Lind Co**
(b) Address **New Madrid Mo.**

19. (a) **7-18-42** (b) **H. H. Phelps**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**
(c) City or town **East Branch Mo. 2**
(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 **1**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **14**
year **42** hour **3** minute **20 P.** A.M.

21. I hereby certify that I attended the deceased from **7/6**, 19**42** to **7/14**, 19**42**
that I last saw him **alive** on **7/14**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocardial Infarction - Regurgitation**

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) **130**

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) (c) Means of injury _____

23. Signature **Chas. J. Herlihy** (M. D. or other) **7/14/42**
Address **Cape Girardeau, Mo.** signed **7/14/42**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

16
1
4

1014

RECEIVED

District Health Officer No. 4

District File Number 842-1025

Date Filed 8-11-42

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..... *Ms. Embalmer*

Licensed Embalmer No.....

P. O. Address.....

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.