27300

. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 384 Primary Registration District No. ~~4727~~ 5535 Registrar's No. 57

46
0
0

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

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains (rural) Howell Tp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3 miles East on Highway #63 /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell 46

(c) City or town West Plains (rural) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles East on Highway #63
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME James Donald Morgan

3. (b) If veteran, name war ---

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced infant 0

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive ------ years

7. Birth date of deceased May (Month) 19 (Day) 1942 (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	1	12 hr. 30 min.

9. Birthplace West Plains, Howell Co., Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Alfred James Morgan
13. Birthplace Chicago; Illinois /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Syble Jenetta Johnson
15. Birthplace West Plains, Howell Co., Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Alfred Morgan
(b) Address West Plains Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof 5/20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Over Hill Cemetery

18. (a) Signature of funeral director None
(b) Address Joe Rountree Rev.

19. (a) 5-24-42 (Date received local registrar) (b) Gail Harlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th
year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from May 19th, 1942, to May 20, 1942;
that I last saw him alive on May 20 th, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Spina Bifida and Meningocele	birth
Due to (congenital malformation)	
Due to (Marasmus, inability to take food properly)	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

157b

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

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

23. Signature Virgil S. Bailey (M. D. or other) D.O.
Address Box 425 West Plains, Mo. Date signed 5/24/

1125 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 842684
Date Filed 8-21-42

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.....

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.