

Registration District No. 749

Primary Registration District No. 1002

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:  
Convalescent Home 43918 Charlotte Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 17th-9 days  
(Specify whether years, months or days) 15 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. 3501 Paseo  
(If rural, give location)  
(e) Citizen of foreign country? ----- (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mr. Roy Oliver Morgan  
3. (b) If veteran, name war No  
3. (c) Social Security No. 708-10-8780

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 9th  
year 1942 hour 10 minute P. M.

4. Sex Male 5. Color or Race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Louise Morgan  
6. (c) Age of husband or wife if alive 4 years  
7. Birth date of deceased Jan 17 - 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 1941 to Dec 9th 1942  
that I last saw him alive on Dec 9th  
and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 10 Days 23  
If less than one day hr. min.

Immediate cause of death hypostatic pneumonia  
Due to coronary sclerosis  
multiple sclerosis

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

Due to multiple sclerosis  
Other conditions (Include pregnancy within 3 months of death) 94a

10. Usual occupation City Freight Agent

11. Industry or business Rock Island Lines

12. Name Unknown Morgan

13. Birthplace Farmington, Wales  
(City, town, or county) (State or foreign country)

14. Maiden name Lucile Thomas

15. Birthplace Farmington, Wales  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Morgan

(b) Address 3501 Paseo

17. (a) Burial (b) Date thereof 12-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director D. W. Newcomer, Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations  
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury  
23. Signature T. S. Boyke, M.D. (M. D. Boyer)  
Address Argyle Bldg. K.C.M. Date signed 12-10-42

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

MOTHER FATHER

*Reggie Bledy*

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**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 *C. Henry Quisenberry*  
Licensed Embalmer No. *4070*  
P. O. Address *DC 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.**