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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 15 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3897

Registration District No. 321 Primary Registration District No. 6125 Registrar's No.

1. PLACE OF DEATH
(a) County SHANNON
(b) City or town RURAL - CASTO Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8 MI. NORTH SUMMERSVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 16 YRS

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County SHANNON
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. 8 MI. NORTH of SUMMERSVILLE (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAMES JAMES HENRY MORGAN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB (Month) 1 (Day) 1866 (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

9. Birthplace WASHINGTON (City, town, or county) MO. (State or foreign country)
10. Usual occupation RETIRED
11. Industry or business
MOTHER FATHER
12. Name GREEN MORGAN
13. Birthplace Reynolds Co (City, town, or county) Missouri (State or foreign country)
14. Maiden name NANCY AGNES KIETH
15. Birthplace Washington, Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant DAVE COLE
(b) Address HARTSHORN, MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 3 1943 (Month) (Day) (Year)
(c) Place: burial or cremation ANTIOC - HARTSHORN
18. (a) Signature of funeral director NO FUNERAL
(b) Address
19. (a) 2-6-43 (Date received local registrar) (b) Frank Hyde MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1943 hour 8 P.M. minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death UNKNOWN — Duration

Due to NO PHYSICIAN

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature NO DOCTOR (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 0

District File Number I 43115

Date Filed 2-13-43

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.

NOT EMBALMED.

Signed .....

Licensed Embalmer No. .....

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3697

Registration District No. 336 Primary Registration District No. 6125 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Shannon

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Henry Morgan

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 1 (Day) 1866 (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93e	
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)

(b) 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 Lewis Hampton (M.D. or other) 1 10
Address Emmerville Mo 2 Date signed 3-5-43