

FILED JAN 27 1943  
357

State File No. \_\_\_\_\_

Registrar's No. 11

Registration District No. \_\_\_\_\_

Primary Registration District No. 6189

1. PLACE OF DEATH:

(a) County Taney  
(b) City or town RURAL - SWAN TWP.  
(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 MO. (b) County TANEY  
(c) City or town RURAL - SWAN TWP.  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 1<sup>ST</sup>  
year 1942 hour 1:40 minute P.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 \_\_\_\_\_

NO MEDICAL ATTENTION

Due to PROBABLE - PNEUMONIA

Due to \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Taney, Mo. Date signed Dec. 2-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME THOMAS SIMPSON MORGAN

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MANDY ELIZABETH MORGAN 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased OCT. 30 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace SIMPSON CO. KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

12. Name SAMUEL MORGAN

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

14. Maiden name FRANCES MORGAN

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

16. (a) Informant J. P. BROWN

(b) Address NOWATA, OKLAHOMA

17. (a) BURIAL (b) Date thereof DEC. 3 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROWN CEM.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) Dec. 2-42 (b) Jeannette Davis  
(Date received local registrar) (Registrar's signature)

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

096

X26390

RECEIVED

District Health Officer No. 6,

District File Number 143-121

Date Filed JAN 25 1943

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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.....

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.**