

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5881

State File No. _____
Registrar's No. 44

FILED MAR 10 1943
Registration District No. 182

Primary Registration District No. 5682

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Rural North Salem
(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

3. (a) PRINT FULL NAME Mary K. Morgan

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife M. F. Morgan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 30 1860
(Month) (Day) (Year)

8. AGE: Years 82 Months 10 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeping

11. Industry or business _____

MOTHER FATHER { 12. Name Peter Milhoan

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

14. Maiden name Margret Hoselton

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

16. (a) Informant Mrs. C. J. Chaffie

(b) Address New Boston Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 21 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Price

18. (a) Signature of funeral director M. McCallum

(b) Address South Gifford Mo

19. (a) 3/18/43 (Date received local registrar) (b) Mrs. Guy Montgomery (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn

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

(d) Street No. Near Winigan Mo.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19
year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from February 18 1943 to February 18 1943
that I last saw her alive on February 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Duration Unknown

Due to Senility

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of operations none

Of autopsy none

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 Wesley E. Bauer (M. D. or other)

Address Winigan Mo. Date signed 2/19/43

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.

Signed

W. McCallum

Licensed Embalmer No. 2052

P. O. Address. South Gifford 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.