

**FILED MAY 6 1943**  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

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:  
3226 Prospect  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 2 Years (Specify whether years, months or days)

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. 3226 Prospect  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert Dave Morgan

3. (b) If veteran, name war no  
3. (c) Social Security No. 494-20-8499

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1943 hour \_\_\_\_\_ minute 3.15A M.

21. I hereby certify that I attended the deceased from April 21, 1943, to April 22, 1943 that I last saw him alive on April 21, 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Vinetta Belle Morgan  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased Oct 16th 1875/1876  
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion Duration 1 day

8. AGE: Years 66-67 Months 6 Days 6 If less than one day hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to 940

9. Birthplace Ky. 1  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Forem Cafeteria

Major findings: Of operations None  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business \_\_\_\_\_  
12. Name William H. Morgan  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name Finney Craven  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)

16. (a) Informant Ninetta Belle Morgan  
(b) Address 3226 Prospect

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-22-1943  
(Month) (Day) (Year)  
(c) Place: burial or cremation Holton Kansas

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? \_\_\_\_\_

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address K.C. Mo.  
19. (a) 4-22-43 (Date received local registrar)  
(b) M. M. Brown (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Reverend G. Davis (M. D. or other) M.D.  
Address 201 Plaza, North Bldg. Kansas City, Mo. Date signed 4-22-43

3228  
W. W. W. W. W.

**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: Theron A. Redman

Licensed Embalmer No. 2737

P. O. Address W. P. 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.