

DECEASED MAY 13 1943

Registration District No. 796

Primary Registration District No. 2401

49
S. & J.
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
No. 2312 Maiden Lane
(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 Jasper

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

(d) Street No. 2312 Maiden Lane
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Sarah Jane Morgan

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1943. hour 9.A.M. minute _____ M.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married Widow
6. (b) Name of husband George Morgan (dead) 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 18, 1851
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 01, 1944 to April 29 1944
that I last saw him alive on April 22 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 91 Months 9 Days 11 If less than one day _____ hr. _____ min.

Immediate cause of death Valvular Insufficiency of heart

9. Birthplace Pope County, Missouri.
(City, town, or county) (State or foreign country)

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

10. Usual occupation _____
11. Industry or business Retired housewife

Major findings: Of operations _____
Of autopsy _____

MOTHER FATHER { 12. Name Sam McBee.
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca
15. Birthplace Swash Prairie, Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jess Morgan
(b) Address Joplin Mo.
17. (a) Removal (b) Date thereof May 3, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Joplin, Mo.
18. (a) Signature of funeral director W. H. Kurlil
(b) Address Pickens, Mo.
19. (a) 4-30-1943 (b) Detwold Dusholter
(Date received local registrar) (Registrar's signature)

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 A. B. Winchester (M. D. or other) _____
Address Joplin Mo Date signed 4/30/43

43-4-426

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 John H. Derrill

Licensed Embalmer No. 820

P. O. Address Picher, Okla

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.