

V. S. No. 2
DM-9-4-41
Rev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17499**
Registrar's No. **133**

FILED JUN 12 1943
Registration District No. **77**

Primary Registration District No. **3008**

14
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
(a) County **Callaway**
(b) City or town **Fulton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **State Hosp No-1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 day** (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Madam Morgan Danish**
(b) If veteran. **DK** (c) Social Security name war No. **DK**

4. **General** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Saw Morgan** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov 15 1886**
(Month) (Day) (Year)

8. AGE: Years **86** Months **4** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER
12. Name **Saw Morgan**
13. Birthplace **Kentucky** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Cox**
15. Birthplace **Kentucky** (City, town, or county) (State or foreign country)

16. (a) Informant **Keane**
(b) Address _____

17. (a) **Removal** (b) Date thereof **5-23-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Middleton MO**

18. (a) Signature of funeral director **W. K. Kline**
(b) Address **Wellsville MO**

19. (a) **May 23 1943** (b) **Jesse Morsinkoff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Montgomery**
(c) City or town **Middleton** (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 **May** day **28**
year **1943** hour **4** minute **a** M.

21. I hereby certify that I attended the deceased from **4-5-1943 to 5-22-1943**
that I last saw **him** alive on **5-22-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis
arterio sclerosis
Bronchitis**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) **93d**

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) (4) Means of Injury _____

23. Signature **E. E. Shuman** (M. D. or other) _____
Address **Fulton MO**

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

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..... *C. B. Schme*

Licensed Embalmer No. *3059*

P. O. Address *Wellsville 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.