No. 2
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5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 3 1943 128

Registration District No. ~~513~~

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

State File No. 17885

Registrar's No. 410

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

**1. PLACE OF DEATH:**

(a) County GREENE

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

(c) Name of hospital or institution: 1038 E. Elm /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community 45 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 39

(a) State Missouri (b) County Greene 2

(c) City or town Springfield, 6
(If outside city or town limits, write "RURAL")

(d) Street No. 1038 E. Elm
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Elmira Morgan

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Harry C. Morgan

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased August (Month) 20, (Day) 1876 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| ✓ 66 | 8 | 28 | hr. min. |

9. Birthplace Unknown (City, town, or county) Illinois / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

FATHER
12. Name Lewis L. Pierce
13. Birthplace Unknown (City, town, or county) New York / (State or foreign country)

MOTHER
14. Maiden name Julia Jordon
15. Birthplace Unknown (City, town, or county) Missouri / (State or foreign country)

16. (a) Informant Harry C. Morgan
(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 21, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri

19. (a) 5-28-43 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 18th
year 1943 hour 5:10 minute P. M.

21. I hereby certify that I attended the deceased from 1941, 19 to May 17th, 1943
that I last saw her alive on May 17th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus —

Due to

Due to

48 b

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None made —

Duration

PHYSICIAN

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Paul J. Vorshaw, MD (M. D. or other)
Address Springfield, Missouri Date signed 5-20-43

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(Licensed Embalmer's Statement on Reverse Side)

## 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. 1767

P. O. Address Springfield

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

X