

S. No. 2  
FORM-2-43  
5-17-39  
I X3587

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20523**  
Registrar's No. **2725**

FILED JUN 30 1943

Registration District No. **149**

Primary Registration District No. **1002A**

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

1. PLACE OF DEATH: **Jackson**

(a) County **Jackson**

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

(c) Name of hospital or institution: **Home**  
**3518 Tracy /**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Home**  
(Specify whether years, months or days)

In this community **30 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **48**

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City Mo**  
(If outside city or town limits, write "RURAL")

(d) Street No. **3518 Tracy**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **HARRY F. MORGAN; SR**

3. (b) If veteran, **no** name war \_\_\_\_\_

3. (c) Social Security No. **499 16 0709**

4. Sex **m**

5. Color or Race **Wh**

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

6. (b) Name of husband or wife **Wife**  
**Laura Jane Morgan**

6. (c) Age of husband or wife if alive **38** years

7. Birth date of deceased **Dec 19 1893**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **5** Days **26**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Bank Teller**  
**Commerce Trust Co**

11. Industry or business \_\_\_\_\_

12. Name **James Morgan**

13. Birthplace **Virg**  
(City, town, or county) (State or foreign country)

14. Maiden name **Laffon**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Laura Jane Morgan**

(b) Address **3518 Tracy**

17. (a) **Burial** (b) Date thereof **6 18 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Forest Hill Cem**

18. (a) Signature of funeral director **Eylar**  
**1800 Linwood**

(b) Address \_\_\_\_\_

19. (a) **6-16-43** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **15**  
year **43** hour **11:45** minute **10** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Apoplexy hemorrhagic of primary fibrin**

Due to: **Retropneumothorax**

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy **See above**

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 **P. E. Brown** (M.D. or other)  
Date signed **6/17/43**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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JUL 8 - 1943

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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 Chas. W. Jeffs

Licensed Embalmer No. 2644

P. O. Address 1800 Pinewood

**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.**