

FILED JUL 12 1943
 Registration District No. 254

Primary Registration District No. 4386

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

1. PLACE OF DEATH:
 (a) County Oregon
 (b) City or town Thayer
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 38 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Oregon 75
 (c) City or town Thayer
(If outside city or town limits, write "RURAL")
 (d) Street No. 1
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME Wilborne Hickman Morgan
 3. (b) If veteran, name war -
 3. (c) Social Security No. 702-07-0874

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 14
 year 1943 hour 11 minute 55 A. M.

4. Sex Male 0 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Altha Piland
 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased March 31 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 14 1943 to May 14 1943
 that I last saw him alive on May 14
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	66	1	13	hr. min.

Immediate cause of death Myocardial Regurgitation six years
 Due to Arteriosclerosis Unknown

9. Birthplace Carlisle Arkansas
(City, town, or county) (State or foreign country)

Other conditions 928
(Include pregnancy within 3 months of death)

10. Usual occupation Clerk
 11. Industry or business Railroad

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

MOTHER FATHER { 12. Name Daniel Morgan
 13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Anna Scott
 15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. H. Morgan
 (b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/16/43
(Month) (Day) (Year)
 (c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Geo Carr
 (b) Address Thayer, Mo.

19. (a) 6-26-43 (Date received local registrar) (b) Jue D. Williams (Registrar's signature)

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) (e) Means of injury
 23. Signature J. H. Brown (M. D. or other)
 Address Thayer, Mo. Date signed May 20 1943

1112

RECEIVED

District Health Officer No 5,

District File Number 743425-

Date Filed 7-9-43

1943

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.....

P. O. Address.....

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.