

AUG 11 1943

Registrar's No. 3253

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution from Birth
(Specify whether years, months or days) 6 minutes

3. (a) PRINT FULL NAME Infant of Herman Morgan

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 24th, 1943
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>0</u>	<u>0</u>	<u>0</u>	hr. <u>6</u> min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER { 12. Name Herman Morgan

FATHER { 13. Birthplace Fortuna Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Louise Brown

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

16. (a) Informant Mr. Herman Morgan

(b) Address 1512 Broadway

17. (a) Burial (b) Date thereof July 26th.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City

19. (a) 7-26-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1512 Broadway
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th.
year 1943 hour 11 minute 39 P.M.

21. I hereby certify that I attended the deceased from July 24
1943, to July 24 1943;
that I last saw him alive on July 24 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Marked Generalized edema & excessive free fluid in all body cavities
Due to Toxic hepatitis

Due to _____

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

Major findings:
Of operations _____

Of autopsy Much free fluid in all body cavities deep engorgement of liver, heart & kidneys

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

23. 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 Lyle J. Cook (M. D. or other) D.O.
Address 116 W 47th, K.C., Mo. Date signed 7-25-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

OVER

This mother uses Cigarettes in gross excess.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Body not Embalmed

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.