

S. No. 2  
M-2-43  
5-17-39  
I X39597

25537

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 12 1943

3045

58

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Mississippi

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

(c) Name of hospital or institution:  
STAVE MILL - CITY 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 36 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MISSISSIPPI

(c) City or town CHARLESTON 2  
(If outside city or town limits, write "RURAL")

(d) Street No. NEAR STAVE MILL  
(If rural, give location)

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

3. (a) PRINT FULL NAME SAMUEL THOMAS MORGAN

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex MALE 5. Color or Race W 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 APRIL 4 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 3 13 hr. \_\_\_\_\_ min.

9. Birthplace PERRY COUNTY Mo 0  
(City, town or county) (State or foreign country)

10. Usual occupation DAY LABORER

11. Industry or business FARMING ETC.

12. Name SAMUEL THOMAS MORGAN

13. Birthplace PERRY COUNTY Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name NO RECORD

15. Birthplace " " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS ROSE SINGELY

(b) Address ST GENEVIEVE, MO

17. (a) BURIAL (b) Date thereof 7-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLIVARY - CHARLESTON, Mo

18. (a) Signature of funeral director John F. ...

(b) Address 1/43 Charleston, Mo

19. (a) 7-1-43 (b) Mr. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17<sup>TH</sup>  
year 1943 hour 4 minute 30 P.M.

21. I hereby certify that I attended the deceased from JULY 17<sup>TH</sup>  
1943 to \_\_\_\_\_ 19\_\_\_\_

that I last saw him alive on JULY 17 1943

and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage

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

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

Major findings: Of operations 83a

Of autopsy \_\_\_\_\_

Duration 1 hr.

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? \_\_\_\_\_

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

23. Signature C. C. ... (M. D. or other) M.D.

Address Charleston, Mo. Date signed 7-21-43

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

MOTHER FATHER

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 843-1015

Date Filed 8-9-43

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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

*John P. Hummel Jr*

Licensed Embalmer No. 3851

P. O. Address Charleston 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.