

FILED JAN 10 1944

Registration District No. 41

Primary Registration District No. 4052

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Agency  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: no  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. no  
In this community 20 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Agency  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME IDA-R-MORGAN

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Caswell 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased December 1, 1877 (Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 5- hr. min.

9. Birthplace Stuartsville mo (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Don't know  
13. Birthplace Don't know (City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Forest Morgan

(b) Address Agency Mo

17. (a) Burial (b) Date thereof DEC 8 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Agency mo

18. (a) Signature of funeral director H A Sullivan

(b) Address Gower mo

19. (a) Dec 8 / 43 (b) Special E Bassett (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6th year 1943 hour 9 minute 9 A.M.

21. I hereby certify that I attended the deceased from Nov 30th 1943 to Dec 6th 1943 that I last saw him alive on Dec 3rd 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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 John C. Seavey (M. D. or other) Address Gower mo Date signed 12-6-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

*H A Sullivan*

Licensed Embalmer No.....

*1738*

P. O. Address.....

*Gower 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.**